

Recruitment Monitoring Form

As part of our equal opportunities policy we request that you complete the following information. This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

There is no obligation on you to provide this information. All applicants will be treated the same regardless of whether or not they provide this information. Thank you for your assistance.

| Job Details | |
|-----------------------|--|
| Job Title: | |
| Job reference number: | |

| Gender (Please indicate with a ✓) | |
|-----------------------------------|--|
| Male | |
| Female | |
| Prefer not to say | |

| Age Range (Please indicate with a ✓) | |
|--------------------------------------|--|
| 16 - 17 | |
| 18 - 24 | |
| 25 - 29 | |
| 30 - 39 | |
| 40 - 49 | |
| 50 - 59 | |
| 60 - 64 | |
| 65+ | |

| Ethnic Origin (Please indicate with a ✓) | | |
|--|---|--|
| I would describe my Ethnic Origin as: | | |
| WHITE | Welsh/English/Scottish/Northern Irish/British | |
| | Irish | |
| | Gypsy or Irish traveller | |
| | Other White background | |
| MIXED ETHNIC GROUPS | White and Black African | |
| | White and Asian | |
| | White and Black Caribbean | |
| | Other | |
| ASIAN OR ASIAN BRITISH | Bangladeshi | |
| | Chinese | |
| | Indian | |
| | Pakistani | |
| | Other | |
| BLACK OR BLACK BRITISH | African | |
| | Caribbean | |
| | Other | |
| OTHER ETHNIC GROUP | Arab | |
| | Other Ethnic Group | |
| PREFER NOT TO SAY | | |

| Disability |
|------------|
|------------|

| | | |
|--|-------------------|--|
| Do you consider yourself to have a disability within the terms of the Equality Act 2010? Disability in this context is defined as any physical or mental impairment which has a substantial and long-term (over 12 months) adverse effect on your ability to carry out normal day-to-day activities. | Yes | |
| | No | |
| | Prefer Not to Say | |
| If yes, please indicate which category best describes your disability (<i>please indicate with a ✓</i>): | | |
| Visual Impairment (not corrected by spectacles or contact lenses) | | |
| Hearing Impairment | | |
| Learning Difficulties | | |
| Learning Disability | | |
| Long standing illness or Health Condition | | |
| Mental Health Condition | | |
| Mental Illness | | |
| Mobility Impairment | | |
| Neurological Condition | | |
| Physical Co-ordination difficulties | | |
| Physical Impairment | | |
| Reduced Physical capacity | | |
| Speech Impairment | | |
| Sensory Impairment | | |
| Visual impairment (not corrected by spectacles) | | |
| Prefer not to say | | |
| Other | | |

| Sexual Orientation (<i>Please indicate with a ✓</i>) | |
|--|--|
| Bisexual | |
| Gay woman/ Lesbian | |
| Gay man | |
| Heterosexual/straight | |
| Other | |
| Prefer not to say | |

| Religion or Belief (<i>Please indicate with a ✓</i>) | |
|--|--|
| Buddhist | |
| Christian | |
| Hindu | |
| Jewish | |
| Muslim | |
| Sikh | |
| Other | |
| No religion or belief | |
| Prefer not to say | |

Thank you.