



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 (<i>Please indicate with a</i> √)					
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 he	Disability		
Do you consider yourself to have terms of the Equality Act 2010? Defined as any physical or mental	Disability in this context is	Yes	
substantial and long-term (over 1 on your ability to carry out normal	No		
		Prefer Not to Say	
If yes, please indicate which categ	ory best describes your dis	sability (please indicate with a	√) :
Visual Impairment (not corrected blenses)	by spectacles or contact		
Hearing Impairment			
Learning Difficulties			
Learning Disability			
Long standing illness or Health Co	ondition		
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 l	oy spectacles)		
Prefer not to say			
Other			
Covuel	Orientation (Disease institution		
Bisexual	Orientation (Please indica	ite with a \vee)	
Gay woman/ Lesbian			
Gay man			
Heterosexual/straight			
Prefer not to say			
	n or Belief (Please indicat	te with a √)	
Buddhist			
Christian			
Hindu			
Jewish			
Muslim			
Sikh			
Other			
No religion or belief			
Prefer not to say			