

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				
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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> $\sqrt{\ }$)				
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 be	est describes your dis	sability (please indicate with a	√):			
Visual Impairment (not corrected by spe lenses)	ctacles or contact					
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 spe	ctacles)					
Prefer not to say						
Other						
	tation (Please indica	ate with a $\sqrt{}$				
Bisexual						
Gay woman/ Lesbian						
Gay man						
Heterosexual/straight						
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.