



## Recruitment monitoring information

Post title: \_\_\_\_\_

We are committed to ensuring that applicants are selected on the basis of their skills/attributes relevant to job. In accordance with our Equality & Diversity Policy, we provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, transgender status, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity. In order to monitor how successful this policy is we monitor all job applications. This information will help us to ensure that our policies and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment.

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. All information will be treated in confidence and will not be seen by the shortlisting panel. The information provided on this form will be converted into anonymised data, stored separately from your application form and only used to provide statistics for monitoring purposes. If you do not wish to answer any of the questions you can select the “prefer not to say” option.

### 1. AGE

<input type="checkbox"/> 15 – 19	<input type="checkbox"/> 35 – 39	<input type="checkbox"/> 55 – 59	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> 20 – 24	<input type="checkbox"/> 40 – 44	<input type="checkbox"/> 60 – 64	
<input type="checkbox"/> 25 – 29	<input type="checkbox"/> 45 – 49	<input type="checkbox"/> 65 – 69	
<input type="checkbox"/> 30 – 34	<input type="checkbox"/> 50 – 54	<input type="checkbox"/> 70+	

### 2. GENDER

Which of the following describes how you think of yourself?

Male	Female	Other	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. MARITAL STATUS

<input type="checkbox"/> Married (opposite sex)	<input type="checkbox"/> Married (same sex)	
<input type="checkbox"/> Civil partner	<input type="checkbox"/> Single	Other: _____

**4. SEXUAL ORIENTATION**

- ☐ Bisexual      ☐ Gay man      ☐ Gay woman / lesbian
- ☐ Heterosexual / Straight      ☐ Prefer not to say      ☐ Other

**5. ETHNIC ORIGIN**

**a. White:**

- ☐ British      ☐ Welsh
- ☐ Scottish      ☐ Northern Irish
- ☐ Irish      Other, please specify: \_\_\_\_\_

**b. Mixed:**

- ☐ White & Black Caribbean      ☐ White & Black African
- ☐ White & Asian      Other, please specify: \_\_\_\_\_

**c. Asian, Asian British, Asian Black, Asian Scottish or Asian Welsh:**

- ☐ Indian      ☐ Pakistani
- ☐ Bangladeshi      Other, please specify: \_\_\_\_\_

**d. Black, Black British, Black English, Black Scottish or black Welsh:**

- ☐ Caribbean      ☐ African

Other, please specify: \_\_\_\_\_

**e. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other ethnic group:**

- ☐ Chinese      Other, please specify: \_\_\_\_\_

**f. Other Ethnic group:**

☐

Prefer not to say

Other, please specify: \_\_\_\_\_

**6. RELIGION OR BELIEF**

☐

No religion or belief

☐

Buddhist

☐

Christian

☐

Hindu

☐

Jewish

☐

Muslim

☐

Sikh

☐

Prefer not to say

Other, please specify: \_\_\_\_\_

**7. DISABILITY**

Before ticking the appropriate box below please read the definition of disability.

The definition of disability, as outlined in the Equality Act 2010 is as follows: *“a physical or mental impairment which has a “substantial” and “long term” negative effect on a person’s ability to carry out normal day-to-day activities”.*

To be protected under the Act:

- An individual must have an impairment which can be physical or mental.
- It has to be substantial, that is something more than minor or trivial.
- It needs to be long term i.e. the impairment has lasted or is likely to last in total for at least twelve months or more, or is likely to last for the rest of the life of the person affected (long term includes conditions which fluctuate or may recur such as cancer, HIV/AIDS and multiple sclerosis) **and**
- It must affect their day-to-day activities on a regular basis (day-to-day activities includes things such as reading, lifting and carrying objects, personal care, shopping, meeting and communicating with people).

Do you consider yourself to have a disability?

☐

Yes

☐

No

☐

Prefer not to say

**Data Protection**

I hereby acknowledge that the data provided on this form will be anonymised and then collated and held in a central electronic file/format within a period of 4 working weeks, after which time this form will be destroyed. I acknowledge that the data is collated for the purposes of equal opportunities monitoring and will be processed in accordance with the Data Protection Policy. I acknowledge that information about how my data is used is provided in the Recruitment Monitoring Form Privacy Notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_