

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 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 spelenses)							
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							
Sexual Orient	tation (<i>Please indica</i>	ate with a $\sqrt{}$					
Gay woman/ Lesbian							
Gay man							
Heterosexual/straight							
Prefer not to say							
Religion or Belief (<i>Please indicate with a</i> $\sqrt{\ }$)							
Buddhist		-					
Christian							
Hindu							
Jewish							
Muslim							
Sikh							
Other							
No religion or belief							
Prefer not to say							

Thank you.