



## Recruitment Monitoring Form

This form will be treated in the strictest confidence and will only be used for the purpose of recruitment monitoring.

Please provide the requested details marking any chosen category with a cross ☐x

<b>Name:</b>							
<b>Post Applied for:</b>	<b>Academy:</b>						
<b>How did you become aware of this job opportunity?</b>  <i>If through an advert please indicate the name of the publication in which you saw the advert.</i>							
<b>Gender:</b> Male: <input type="checkbox"/> Female: <input type="checkbox"/>							
<b>Age Group:</b>  Under 20 years: <input type="checkbox"/> 20 – 29 years: <input type="checkbox"/> 30 – 39 years: <input type="checkbox"/> 40 – 49 years: <input type="checkbox"/> 50 – 59 years: <input type="checkbox"/> 60 + years <input type="checkbox"/>							
<b>What is your ethnic group?</b> <i>Choose one option that best describes your ethnic group or background</i>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <b>White</b>             1. English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/>            2. Irish <input type="checkbox"/>            3. Gypsy or Irish Traveller <input type="checkbox"/>            4. Any other White background, <i>please describe below</i> <input type="checkbox"/> </td> <td style="width: 50%; vertical-align: top; border: none;"> <b>Asian/Asian British</b>             9. Indian <input type="checkbox"/>            10. Pakistani <input type="checkbox"/>            11. Bangladeshi <input type="checkbox"/>            12. Chinese <input type="checkbox"/>            13. Any other Asian background, <i>please describe below</i> <input type="checkbox"/> </td> </tr> <tr> <td style="vertical-align: top; border: none;"> <b>Mixed/Multiple ethnic groups</b>             5. White and Black Caribbean <input type="checkbox"/>            6. White and Black African <input type="checkbox"/>            7. White and Asian <input type="checkbox"/>            8. Any other Mixed/Multiple ethnic background, <i>please describe below</i> <input type="checkbox"/> </td> <td style="vertical-align: top; border: none;"> <b>Black/ African/Caribbean/Black British</b>             14. African <input type="checkbox"/>            15. Caribbean <input type="checkbox"/>            16. Any other Black/African/Caribbean background, <i>please describe below</i> <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <div style="text-align: right; margin-right: 20px;"> <b>Other ethnic group</b>             17. Arab <input type="checkbox"/>            18. Any other ethnic group <input type="checkbox"/> </div> </td> </tr> </table>		<b>White</b>  1. English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> 2. Irish <input type="checkbox"/> 3. Gypsy or Irish Traveller <input type="checkbox"/> 4. Any other White background, <i>please describe below</i> <input type="checkbox"/>	<b>Asian/Asian British</b>  9. Indian <input type="checkbox"/> 10. Pakistani <input type="checkbox"/> 11. Bangladeshi <input type="checkbox"/> 12. Chinese <input type="checkbox"/> 13. Any other Asian background, <i>please describe below</i> <input type="checkbox"/>	<b>Mixed/Multiple ethnic groups</b>  5. White and Black Caribbean <input type="checkbox"/> 6. White and Black African <input type="checkbox"/> 7. White and Asian <input type="checkbox"/> 8. Any other Mixed/Multiple ethnic background, <i>please describe below</i> <input type="checkbox"/>	<b>Black/ African/Caribbean/Black British</b>  14. African <input type="checkbox"/> 15. Caribbean <input type="checkbox"/> 16. Any other Black/African/Caribbean background, <i>please describe below</i> <input type="checkbox"/>	<div style="text-align: right; margin-right: 20px;"> <b>Other ethnic group</b>             17. Arab <input type="checkbox"/>            18. Any other ethnic group <input type="checkbox"/> </div>	
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<b>Further description of ethnic group (if required):</b>							
<b>Disability:</b> As defined by the Equality Act 2010, a person is disabled if they have a physical or mental impairment that has a 'substantial' and 'long term' negative effect on their ability to do normal daily activities.  With reference to this definition, do you consider yourself to have a disability?  Yes: <input type="checkbox"/> No: <input type="checkbox"/>							