

**EQUAL OPPORTUNITY MONITORING FORM**

This form is designed to enable Rookwood School to monitor their equal opportunity policies. Completion of this form is voluntary but should you wish to complete this form, please return it in an enclosed envelope marked ‘EQUAL OPPORTUNITY MONITORING FORM’ with your completed application form or by a second e-mail separate to your application form. If you are posting your application, the envelope will be removed from the application form immediately on receipt and will only be opened after the completion of the recruitment exercise when the details included on it will be used to evaluate the company’s equal opportunity policies. It will in no way be used as part of the recruitment process. Forms sent by e-mail will not be combined with the application form.

|  |  |
| --- | --- |
| Name:(Optional) |  |
| **Position Applied For:** |  |
| **Date of application:** |  |

**Please circle the description which best describes you.**

## Ethnic Origin

What is your ethnic background?

|  |  |  |  |
| --- | --- | --- | --- |
| **White:**BritishIrishEuropeanOther (please state) |  | **Asian or Asian British:**IndianPakistaniBangladeshiOther (please state) |  |
| **Mixed:**White & Black CaribbeanWhite & Black AfricanWhite & AsianAny other mixed background (please specify) |  | **Black or Black British:**CaribbeanAfricanOther (please specify) |  |
| **Chinese or other ethnic group:**ChineseOther (please specify) |  | **Prefer not to say** |  |

## Gender

|  |  |  |
| --- | --- | --- |
| Male | Female | Prefer not to say: |

## Age

|  |
| --- |
| **Please give your Date of Birth** |
|  **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_**DD MM YYYYPrefer not to say |

**Disability**

|  |
| --- |
| **Do you consider yourself to have a disability Yes** □ **No** □*A disability is defined as a physical or mental impairment which has a substantial or long term (at least 12 months) effect on a person’s ability to carry out normal day-to-day activities.* |
| If you have ticked yes in the above box, please circle the statement which most closely describes your disability.* Visual Disability
* Hearing Disability
* Speech Impairment
* Mental Illness
* Learning Disabilities
* Co-ordination/Dexterity/Mobility Difficulties
* Other E.g. Diabetes. Epilepsy, Arthritis. Asthma
 |
| Do you need additional equipment to enable you to fulfil your job role? Yes □ No □Do you need adjustments making to enable you to undertake your job? Yes □ No □ |

## Religion/Faith

|  |
| --- |
| **Please circle the description which best describes your religion/faith** |
| Buddhist ChristianHinduJewishMuslimSikhNoneOther – Please statePrefer not to say |

## Criminal Convictions

Do you have any spent or unspent criminal convictions? Yes □ No □

Thank you for taking time to complete this form. Please return it to stetley@rookwoodschool.org