MODEL RECRUITMENT MONITORING INFORMATION FORM

THE INFORMATION PROVIDED BY YOU WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND WILL NOT SUPPLEMENT OR FORM PART OF YOUR APPLICATION, THE SELECTION CRITERIA USED OR THE SELECTION PROCESS GENERALLY.

You are not obliged to complete this form but, if you do so, it will help us to fulfil our duties under the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation, to promote and advance equality of opportunity and to foster good relations between people who share a relevant "protected characteristic" and those who do not. "Protected characteristics", as defined by the Equality Act 2010, are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Post title: Date of birth:	School:

1. GENDER

Male ☐
Female ☐

2. COUNTRY OF BIRTH

My country of birth is:

THE CATHOLIC EDUCATION SERVICE ©

3. ETHNIC ORIGIN

I would describe my ethnic origin as:

1. White		**4. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**	
British	☐	Bangladeshi	☐
English	☐	Indian	☐
Scottish	☐	Pakistani	☐
Welsh	☐	Any other Asian background (please specify)	
Irish	☐		
Any other White background (please specify)			
2. Black, Black British, Black English, Black Scottish or Black Welsh		**5. Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh**	
African	☐	Chinese	☐
Caribbean	☐	Any other Chinese background (please specify)	
Any other Black background (please specify)			
3. Mixed		**6. Other ethnic group**	
White & Asian	☐	Other ethnic group (please specify)	
White & Black African	☐		
White & Black Caribbean	☐		
Any other Mixed background (please specify)			

4. RELIGION

I would describe my religion as:

None ☐

Christian (including Church of England, Catholic, Protestant/all other Christian denominations) ☐

Buddhist ☐

Hindu ☐

Jewish ☐

Muslim ☐

Sikh ☐

Any other ☐

5. DISABILITY

The legal definition of disability is 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'. Some specific conditions deemed to be disabilities include HIV, cancer, multiple sclerosis and severe disfigurements.

Do you have a disability, long-term illness (mental or physical), on-going medical condition or treatment that we should be aware of?

Yes: ☐ No: ☐

Data Protection Act

Signature: **Date:**