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| **EQUAL OPPORTUNITIES RECRUITMENT MONITORING FORM** | | | | | | | | |
| Please complete this monitoring form and return with your application form. Diversity and equality are at the heart of every activity in E-ACT. E-ACT is committed to equal opportunities in employment, with the aim of ensuring that everyone who applies to work for us receives fair treatment. To help us achieve this aim we ask you to complete this monitoring form. This information will be used to monitor the effectiveness of our Diversity and Equality Policy and for no other reason. The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes.  This information will be kept separate from your application form to ensure that none of the information you have provided is used in the selection decision. | | | | | | | | |
| **POST APPLIED FOR** | | | | | | | | |
| **HOW TO COMPLETE THIS FORM**:- Please mark your response by putting an ‘X’ in the box. | | | | | | | | |
| **Ethnic Origin:** I would describe my racial or cultural origin as: | | | | | | | | |
| White: | British | | Irish | | | Other | | Please specify |
| Black or Black British: | African | | Caribbean | | | Other | | Please specify |
| Asian or Asian British: | Indian | | Pakistani | | | Bangladeshi | | Other  Please specify |
| Dual or Multiple Heritage: | White and Asian | | White and Black African | | | White and Black Caribbean | | Any other dual or mulitple heritage  Please specify |
| Chinese or Other Ethnic Group: | Chinese | | Any other Ethic Background  Please specify | | | Prefer not to say | |  |
| **Monitoring Disability:**  Do you consider yourself to have a disability as defined in the Equalities Act 2010? The Act defines disability as: “a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day to day activities”. Please mark with an “x” | | | | | | | | |
| Yes  No  Prefer not to say  If yes please give a brief description of your disability below : | | | | | | | | |
| **Monitoring Gender: What you describe yourself as:** | | | | | | | | |
| Male | | Female | | Prefer not to say | | |  | |
| **Monitoring Gender: Is your present gender the same as the one assigned to you at birth?** | | | | | | | | |
| Yes | | No | | Prefer not to say | | |  | |
| **Sexual Orientation:** | |  | |  | | |  | |
| How would you describe your sexual orientation ?  Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say | | | | | | | | |
| **Marital Status:** | | | | | | | | |
| I am : Married  In a civil partnership  Divorced  Single  Separated  Prefer not to say | | | | | | | | |
| **Monitoring Age:** | | | | | | | | |
| I am aged:       Date of Birth (DD/MM/YY) | | | | | Prefer not to say | | | |
| **Monitoring Religion: I am a member or follower of the following religious group:** | | | | | | | | |
| None/No religion | | Buddhist | | Christian | | | Hindu | |
| Jewish | | Muslim | | Sikh | | | Other  Please specify | |
| Prefer not to say | |  | |  | | |  | |
| **Monitoring Media:** | | | | | | | | |
| Name of Media or where you found out about this job? | | | | | | | | |
| **Consent:** | | | | | | | | |
| I hereby give my consent to E-ACT processing the information given on this form in accordance with the purposes stated above:  SIGNED: ­­  DATE:  NAME:  Thank you for completing this form. Please return it with your application. | | | | | | | | |