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| **Desborough College**  **Shoppenhangers Road, Maidenhead,**  **Berkshire, SL6 2QB**  **Tel: 01628 634505**  [**www.desborough.org.uk**](http://www.desborough.org.uk)  [**paulfrazer@desborough-college.net**](mailto:paulfrazer@desborough-college.net) |  |

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| **RECRUITMENT MONITORING FORM** |

The Education Fellowship wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will stay confidential, and be stored securely and limited to only some staff in the organisation’s Human Resources section.

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| **Gender** Male  Female  Prefer not to say |
| **Are you married or in a civil partnership?** Yes  No  Prefer not to say |
| **Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say |
| **What is your ethnicity?**  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box  **White**  English  Welsh  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Prefer not to say  Any other white background, please write in:  **Mixed/multiple ethnic groups**  White & Black Caribbean  White & Black African  White & Asian  Prefer not to say  Any other mixed background, please write in:    Ethnicity continued over |

Ethnicity continued

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| **Asian/Asian British**  Indian Pakistani  Bangladeshi  Chinese  Prefer not to say    Any other Asian background, please write in:  **Black/ African/ Caribbean/ Black British**  African  Caribbean  Prefer not to say    Any other Black/African/Caribbean background, please write in:  **Other ethnic group**  Arab  Prefer not to say  Any other ethnic group, please write in: |
| **Do you consider yourself to have a disability or health condition?**  Yes  No  Prefer not to say  What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write here:  *The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.* |
| **What is your religion or belief?**  No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say |
| **Do you have caring responsibilities? If yes, please tick all that apply**  None  Primary carer of a child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult (18 & over)  Primary carer of disabled adult (18 & over)  Primary carer of older person  Secondary career (another person carries out the main caring role  Prefer not to say |
| **Please return the completed form in an envelope marked ‘Strictly confidential’ together with your Application Form to the Address indicated on the Application Form** |