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| **EQUAL OPPORTUNITIES RECRUITMENT MONITORING 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. The completion of this form is voluntary but 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. All information will be treated in confidence and will be kept separate from your application form to ensure that none of the information you have provided is used in the selection decision. If you are appointed to a role at E-ACT we will retain this information, again for monitoring purposes. |
| **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/English/North Irish/Scottish/Welsh [ ]  | Irish [ ]  | Other [ ]  | Please specify       |
| Irish/Gypsy Traveller [ ]  |  |  |  |
| Black or Black British: | African [ ]  | Caribbean [ ]  | Other [ ]  | Please specify       |
| Asian or Asian British: | Bangladeshi [ ]  |  Indian [ ]  | Pakistani [ ]  | 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      |
| Arab, Chinese or Other Ethnic Group: | Arab [ ]  | Chinese [ ]  | Roma [ ]  | 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: Which of the following best describes your gender:** |
| Male [ ]  | Female [ ]  | Prefer not to say [ ]  | Own term [ ]  \_\_\_\_\_\_\_\_\_\_ |
| **Sexual Orientation:**  |  |  |  |
| How would you describe your sexual orientation ?Heterosexual/Straight [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Prefer not to say [ ]  |
| **Marital Status:** |
| Married [ ]  In a civil partnership [ ]  Divorced [ ]  Single [ ] Separated [ ]  Married, same sex partner [ ]  Prefer not to say [ ]   |
| **Monitoring Age:** |
| 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 special categories of data supplied in this form for the purposes of monitoring data and diversity statistics, recruitment and selection, and as set out in the Staff Privacy Notice.SIGNED: ­­       DATE:      NAME:      Thank you for completing this form.  |