|  |  |
| --- | --- |
| **EQUAL OPPORTUNITIES MONITORING FORM** | |
| This form is separate from the main application form. Your answers will be treated in the strictest confidence  and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way. ONCE COMPLETED, PLEASE RETURN THIS FORM TO;  **Name: Ingrid Chambers**  **Email: ingrid.chambers@astreaacademytrust.org** | |
| Post Applied For: …………………………………………………………  Surname: …………………………………………………………………  Forename(s): ……………………………………………………………  Gender: Male Female  Which age group do you apply to:  Under 20  21 - 29  30 - 39  40 - 49  50 - 59  60 and over | Do you consider yourself as having a disability? Yes No  If you have a disability what equipment, adaptations or  adjustments to working conditions would assist you in  carrying out your duties?  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |
| Which of the following best describes your Ethnic origin?  **White:**  British  Irish  Other  **Black or Black British:**  Caribbean  African  Other Black background    **Chinese or other ethnic group:**  Chinese  Any other ethnic group | **Mixed:**  White & Black Caribbean  White & Black African  White & Asian  Other Mixed Group  **Asian or Asian British:**  Indian  Pakistani  Bangladesh  Other Asian  If “other” please specify: ………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |