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| **Equalities Monitoring** | | | | | | | | | | | |
| We are bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we are meeting this duty, whether our policies are effective and whether we are complying with relevant legislation, we require the information requested below.  **This information will not be used during the selection process, only monitoring and reporting purposes**. | | | | | | | | | | | |
| **Equalities Monitoring Information** | | | | | | | | | | | |
| **What is your date of birth?** | | | | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| **What is your sex?** | | | | Male  Female | | | | | | | |
| **Do you identify as the gender you were assigned at birth?** | | | | Yes  No  Prefer not to say | | | | | | | |
| **How would you describe your ethnic origin?** | | | | | | | | | | | |
| **White**  British  Irish  Gypsy or Irish traveller  Any other white background  **Asian or British Asian**  Bangladeshi  Indian  Pakistani  Chinese | | **Black or Black British**  African  Caribbean  Any other Black background  **Mixed**  White & Asian  White & Black African  White & Black Caribbean  Any other mixed | | | | | **Other Ethnic Group**  Arab  Any other ethnic group  Prefer not to say | | | | |
|  | | | | | | | | | | | |
| **Which best describes your sexual orientation?** | | | | | | | | | | | |
| Heterosexual/straight Bisexual  Homosexual woman Bisexual  Homosexual man Other  Prefer not to say | | | | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | | | | |
| No Religion  Buddhist  Pagan  Jain | Christian  Jewish  Muslim  Sikh | | Hindu  Agnostic  Atheist  Other  Prefer not to say | | | | | | | | |
| **Are your daily activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** | | | | | | | | | | | |
| Yes No Prefer not to say | | | | | | | | | | | |
| **If you answered “Yes” to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark “other”** | | | | | | | | | | | |
| Physical Impairment Long standing illness  Sensory Impairment Development Condition  Learning disability/difficulty Other | | | | | | | | | | | |
| Data Protection | | | | | | | | | | | |
| Your data will be processed in accordance with data protection legislation. Processing of your data will take place either because:   * You consent to your data being processed * Processing is necessary to evaluate your application for the position for which you have applied * Processing is necessary for complying with legal obligations * Processing is necessary for out legitimate interests | | | | | | | | | | | |

For further information, please see our privacy notice for job applicants, details of which

can be found on our website.

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| **Disclosure and Barring and Childcare Disqualification** |
| The Academy is legally obligated to process a Disclosure and Barring Service (DBS) check before making appointments to relevant posts. The DBS check will reveal both spent and unspent convictions, cautions, and bind-overs as well as pending prosecutions, which are not “protected” under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975.  Any data processed as part of the DBS check will be processed in accordance with data protection regulations and the Academy’s privacy statement.  **Do you have a DBS certificate? Yes No Date of check:**  **Are you registered on the Update Service? Yes No**  If you have lived or worked outside of the UK in the last 5 years the Academy may require addition information in order to comply with “Safer Recruitment” requirements. If you answer “Yes” to the question below, we may contact you for additional information in due course.  **Have you lived or worked outside the UK in the last 5 years? Yes No** |
| **Right to work in the UK** |
| The Academy will require you to provide evidence of your right to work in the UK in accordance with the Immigration, Asylum and Nationality Act 2006.  By signing this application, you agree to provide such evidence as requested. |

Signed………………………………………… Date………………............