**Equal Opportunities Monitoring Form**

Trinity Multi Academy Trust is committed to equal opportunities in our recruitment process and as such we need to collect monitoring data. This monitoring form is voluntary but the information we collect here will ensure that we are an inclusive employer and that our workforce is diverse. The information you supply on this form will be kept confidentially. The monitoring form is not sent to the recruiting panel and has no part in the shortlisting or interview process.

**Please return to** **recruitment@trinitymat.org**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Applied for:** |  |

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| --- |
| **Gender:** |
| Male | [ ]  | Female | [ ]  | Prefer not to say | [ ]  |
| Other | [ ]   |

|  |
| --- |
| **Age:** |
| -20 | [ ]  | 20-29 | [ ]  | 30-39 | [ ]  |
| 40-49 | [ ]  | 50-59 | [ ]  | 60+ | [ ]  |
| Prefer not to say | [ ]  |

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| --- |
| **Sexual Orientation:** |
| Heterosexual | [ ]  | Gay / Lesbian | [ ]  | Bisexual | [ ]  |
| Prefer not to say | [ ]  | Other  | [ ]  |

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| --- |
| **Marital / Civil Partnership Status:** |
| Single | [ ]  | Married / civil partnership | [ ]  | Separated | [ ]  |
| Divorced / legally dissolved | [ ]  | Widowed / surviving partner from civil partnership | [ ]  | Prefer not to say | [ ]  |

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| --- |
| **Ethnic Group:** |
| White British | [ ]  | White Other | [ ]  please confirm:       |
| Asian British | [ ]  | Asian Other | [ ]  please confirm:       |
| Black British | [ ]  | Black Other | [ ]  please confirm:       |
| Mixed | [ ]  please confirm:       |
| Other | [ ]  please confirm:       |
| Prefer not to say | [ ]  |  |

|  |  |  |
| --- | --- | --- |
| **Religion** |  |  |
| No religion | [ ]  | Christian | [ ]  | Jewish | [ ]  |
| Buddhist | [ ]  | Muslim | [ ]  | Sikh | [ ]  |
| Hindu | [ ]  | Other [ ]  please confirm:       |
| Prefer not to say | [ ]  |

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| **Disability** |
| The Equalities Act defines a person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. |
| **Do you consider yourself to be disabled?**  |
| Yes [ ]  | No [ ]  | Prefer not to say[ ]  |
| **If yes, please provide details of your disability:**      |