

## EQUAL OPPORTUNITIES MONITORING FORM

Donaldson's School is committed to practising equality of opportunity in the way we treat our job applicants and our employees. This questionnaire is intended to assist us monitor the effectiveness of our Equal Opportunities assurance, and to enable us comply with relevant legislation.

The information provided in Section 1 will not be made available to the selection panel and will be used for monitoring purposes only.

As a Disability Symbol user the information provided in Section 2 will be used for the job interview guarantee, where disabled candidates who meet the minimum criteria for the post will be shortlisted. You must indicate that you wish to be covered via the job interview guarantee, and **identify yourself** so you can be considered under this scheme.

The information provided will be held on a computerised system and will be used to produce depersonalised statistical reports. Individuals cannot be identified from these reports.

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**Post Applied For:** \_\_\_\_\_

**Closing Date:** \_\_\_\_\_

### SECTION 1

**Date of Birth:** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

#### **Ethnic Origin:**

Individuals should determine which of the following categories they most closely associate themselves with, having regard to their ethnic or cultural background.

A. White:  
Scottish \_\_\_\_\_ English \_\_\_\_\_ Welsh \_\_\_\_\_ Irish \_\_\_\_\_  
Any other White background \_\_\_\_\_

B. Mixed:  
Any Mixed background \_\_\_\_\_

C. Asian, Asian Scottish or other Asian British:  
Indian \_\_\_\_\_ Pakistani \_\_\_\_\_ Bangladeshi \_\_\_\_\_ Chinese \_\_\_\_\_  
Any other Asian background \_\_\_\_\_

D. Black, Black Scottish or other Black British:  
Caribbean \_\_\_\_\_ African \_\_\_\_\_  
Any other Black background \_\_\_\_\_

E. Other Ethnic Background:  
Any other background \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Religion or Belief:**

How would you describe your religion/ belief: \_\_\_\_\_

**Sexual Orientation:**

How would you describe your sexual orientation: \_\_\_\_\_

**SECTION 2 - Disability**

Do you consider yourself to have a disability?

Yes \_\_\_\_ No \_\_\_\_

If yes, please describe the nature of your disability/ impairment:

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Do you wish to be considered under the Disability Symbol scheme (*where a candidate with a disability who meets the minimum criteria for the post will be shortlisted*)?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide your name: \_\_\_\_\_

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**Thank you for your co-operation in completing this form.**