



EQUAL OPPORTUNITIES RECRUITMENT MONITORING FORM

Please complete this monitoring form and return with your application form. Diversity and equality are at the heart of every activity in White Rose Academy (WRA). WRA is committed to equal opportunities in employment, with the aim of ensuring that everyone who applies to work for us receives fair treatment. 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. The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes.

This information will be kept separate from your application form to ensure that none of the information you have provided is used in the selection decision.

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 <input type="checkbox"/>	Irish <input type="checkbox"/>	Other <input type="checkbox"/> Please specify	
Black or Black British:	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other <input type="checkbox"/> Please specify	
Asian or Asian British:	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other <input type="checkbox"/> Please specify
Dual or Multiple Heritage:	White and Asian <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Any other dual or multiple heritage <input type="checkbox"/> Please specify
Chinese or Other Ethnic Group:	Chinese <input type="checkbox"/>	Any other Ethnic Background <input type="checkbox"/> Please specify		



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 <input type="checkbox"/> NO <input type="checkbox"/> If yes please give a brief description of your disability below :			
Monitoring Gender:			
FEMALE <input type="checkbox"/>		MALE <input type="checkbox"/>	
Sexual Orientation:			
How would you describe your sexual orientation ?			
Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/>			
Monitoring Media:			
Name of Media or where you found out about this job?			
Marital Status :			
I am : Married <input type="checkbox"/> In a civil partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/>			
Separated <input type="checkbox"/> Prefer not to say <input type="checkbox"/>			
Monitoring Age:			
I am aged:		Years	Months
		Date of Birth (DD/MM/YY)	
Monitoring Religion: I am a member or follower of the following religious group:			
None/No religion <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	Other <input type="checkbox"/> Please specify
Consent:			
I hereby give my consent to WRA processing the information given on this form in accordance with the purposes stated above:			
SIGNED:		DATE:	
NAME:			
Thank you for completing this form. Please return it with your application.			