**Equal Opportunities Monitoring Form (to be detached and stored separately)**

Cockburn Multi-academy Trust wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce and encouraging equality and diversity.

You may decide not to answer one or any of the questions on this form but if you do respond, all information provided will be treated completely confidentially and will be used solely by the Human Resources Department for the purpose of equal opportunities monitoring. The monitoring form will be detached stored separately. You can post this form separately if you wish. Thank you for your assistance in completing this form.

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| Name | Click here to enter text. |
| Title of job applied for |   |
| Academy applied for |   |
| Gender | Female including Trans [ ]  Male including Trans [ ]  |
| Additional gender details | Same assignment as birth: Yes [ ]  No [ ]  Non-binary [ ]  \*Other [ ]  I prefer not to say [ ]  \*For Other, please specify:  |
| Relationship status | Civil Partnership [ ]  Married [ ]  Single [ ]  Prefer not to say [ ]  Other: please specify:  |
| Age band | 16-24[ ]  25-29 [ ]  30-34 [ ]  35-39[ ]  40-44 [ ]  45-49 [ ]  50-54 [ ] 55-59 [ ]  60-64 [ ]  65+ [ ]  Prefer not to say [ ]  |
| Sexual orientation | Bisexual [ ]  Gay man [ ]  Heterosexual [ ]  Lesbian [ ]  \*Other [ ] Prefer not to say [ ]  \*For Other, please specify:  |
| Disability Indicator | Do you consider your day to day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months?Yes [ ]  No [ ]  Prefer not to say [ ]  If you are disabled, are there any arrangements we can make for you at interview (e.g. ground floor venue, hearing loop, sign language interpreter, audio tape or other adjustments). Please detail requirements:  |
| Impairment classification | **HI** Hearing impairment [ ]  | **LI** Long standing [ ] illness or health condition  | **LD** Learning disability [ ]  /cognitive impairment  |
| **PI** Physical impairment [ ]  | **MH** Mental health [ ]  Condition | **VI** Visual impairment [ ]  |
| Prefer not to say [ ]  | Other please specify:  |
| Additional Personal Details: Ethnic Origin  | **AB** Asian or Asian [ ]   British Bangladeshi  | **BA** Black or Black [ ]  British African  | **MC** Mixed White& [ ]  Black Caribbean |
| **AI** Asian or Asian [ ]  British Indian  | **BC** Black or Black [ ]  British Caribbean | **CC** Other ethnic [ ]  group Chinese |
| **AK** Asian or Asian [ ]   British Kashmiri  | **BO** Black or Black [ ]   British Other\*  | **GT** Other ethnic [ ]  group Gypsy Traveller  Gypsy Traveller |
| **AO** Asian or Asian [ ]  British Other\*  | **MO** Mixed Other\* [ ]  | **CO** Other ethnic [ ]  group Other\* |
| **AP** Asian or Asian [ ]  British Pakistani  | **MA** Mixed White & [ ]   Asian | **WB** White British [ ]  |
| **PI** prefer not to say [ ]  | **MF** Mixed White & [ ]   Black African  |  **WI** White Irish [ ]   |
| **Other** please specify:   |  **WO** White Other\* [ ]  |
| Religion: | Buddhist [ ]  | Christian [ ]  | Hindu [ ]   |
| Jewish [ ]   | Muslim [ ]   | Sikh [ ]   |
| No religion or belief [ ]  | Prefer not to say [ ]   | Other [ ]  |
| Other please specify:  |
| Caring Responsibilties | None [ ] Prefer not to say [ ]   | Primary carer of child [ ]  /children (under 18 | Primary carer of [ ] Disabled child/children  |
| Primary carer of [ ] disabled adult (18 +)  | Primary carer of [ ] older person  | Secondary carer [ ] (another person carries out the main caring role)  |

We will interview all disabled applicants who meet the minimum (i.e. essential) criteria for a post vacancy and consider them on their skills and experience. Please sign below if you are happy for your details to be passed to the interviewing manager so that you can be considered under the two ticks scheme.

 **Signature** **Print name in full**

For the purposes of the Data Protection Act 1998 and GDPR 2018, I hereby confirm that by completing this form I give my consent to the organisation processing the data supplied on this form for the purpose of equal opportunities monitoring.

 **Signature** **Print name in full**

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| It would also help us to know any barriers you have faced when dealing with us and we would be grateful if you would also use this space to make suggestions on how we can improve.  |