**Equalities Monitoring Form**

We would be grateful if you would complete the following in order for us to monitor equalities information and ensure that we are treating all candidates fairly and appropriately.

This information will be treated confidentially and will not be used in any part of the selection process.

|  |  |
| --- | --- |
| **School/ Children’s Centre:** |  |
|  |  |
| **Post applying for:** |  |
|  |  |
| **Name:** |  |
|  |
| **Date of Birth:** |  |  |  |  |  |  |
|  |
| **Gender:** |  | Male |  | Female |
|  |
| **Nationality:** |  | British |  | Irish |
|  |  |  |  |  |
|  |  | Other EU country |  | Other Non EU country |

**Ethnicity:**

Please indicate your ethnic origin:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A** | **White** | **B** | **Mixed** | **C** | **Asian & Asian British** |
|  | British |  | White & Black Caribbean |  | Indian |
|  |  |  |  |  |  |
|  | Irish |  | White & Black African |  | Pakistani |
|  |  |  |  |  |  |
|  | Other White background \* |  | White & Asian |  | Bangladeshi |
|  |  |  |  |  |  |
|  |  |  | Other Mixed background \* |  | Other Asian background \* |
|  |  |  |  |  |  |
| **D** | **Black & Black British** | **E** | **Chinese or other group** |  |  |
|  | Caribbean |  | Chinese |  | I do not wish to disclose |
|  |  |  |  |  | my ethnic origin to |
|  | African |  | Any other background \* |  | Hampshire County Council |
|  |  |  |  |  |  |
|  | Other Black background \* |  |  |  |  |

|  |  |
| --- | --- |
| **\*** Please indicate any other ethnic background: |   |

**Sexual Orientation:**

Please indicate your sexual orientation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Heterosexual  |  | Transsexual |  | Bisexual |
|  |  |  |  |  |  |
|  | Gay |  | Lesbian |  | Other |
|  |  |  |  |  |  |
|  | I do not wish to disclose my sexual orientation to Hampshire County Council |

**Disability**

Disability is described by the Equality Act 2010 as a physical or mental impairment that has a substantial long term adverse effect on an individual's ability to carry out normal day to day activities.

Applications from disabled people are welcome. We will ensure that appropriate support is provided where required, both in the recruitment and selection process, and during employment.

Do you consider yourself to have a disability?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | I do not wish to disclose my disability data to |
|  |  |  |  |  | Hampshire County Council |

**Thank you for completing this form.**

**Please return in a sealed envelope with your application form**

**stating your name and post applying for.**

**The above information will not be shared with the selection panel prior to interview.**

**This information will be retained, confidentially, and used for payroll/ monitoring purposes.**