

# KINGSBURY HIGH SCHOOL

## EQUALITY & DIVERSITY MONITORING DATA

We are committed to ensuring that applicants are selected on the basis of their abilities relevant to the job. Completion of this section will help us to ensure that our policy and procedures are effective in avoiding discrimination and promoting equal opportunities in recruitment. The information you provide will be used for monitoring and statistical data purposes only, and will not be seen by the short listing panel. This section will be detached from the application form prior to short listing.

**1 Name**

**Post**

**2 Date of Birth**

dd/mm/yyyy

**3 Gender**

☐

Female

☐

Male

**4 Age**

☐

16-19

☐

20-29

☐

30-39

☐

40-49

☐

50-59

☐

60-64

☐

65+

**5 Sexuality**

☐

Heterosexual

☐

Lesbian

☐

Gay

☐

Bisexual

☐

Don't want to say

**6 Religion**

☐

Christian  
(including Church of  
England, Catholic,  
Protestant and all  
other Christian  
denominations)

☐

Buddhist

☐

Muslim

☐

Hindu

☐

Sikh

☐

Jewish

☐

None

Any other religion, please state

**7 Please study the list below and tick ONE box only to indicate your ethnic background**

☐

ABAN Asian or Asian British, Bangladeshi

☐

MOTH Mixed, any other mixed background

☐

AIND Asian or Asian British, Indian

☐

MWAS Mixed White and Asian

☐

AOTH Asian or Asian British, any other Asian background

☐

MWBC Mixed, White and Black background

☐

APKN Asian or Asian British, Pakistani

☐

MWBC Mixed, White and Black African

☐

BAFR Black or Black British, African

☐

WBRI White British

☐

BCRB Black or Black British, Caribbean

☐

WIRI White Irish

☐

BOTH Black or Black British, any other Black background

☐

WOTH White, any other White background

☐

CHNE Chinese

☐

OOTH Any other ethnic background

☐

REFU Did not wish to be recorded

**8 Disability Status**

We would appreciate your co-operation in completing this question as it will help us to monitor our progress in developing a diverse staff and deliver services that are fair to all our staff members

☐

I am not a disabled person

☐

I consider myself a disabled person

**9 Do you have a long term mental or physical impairment that has a substantial adverse effect on your ability to carry out the day-to-day activities of your job?**

☐

Yes

☐

No

If yes, please state condition