

## EQUALITY AND DIVERSITY MONITORING FORM

Altrincham Preparatory School 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 in encouraging equality and diversity. The School needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form in the envelope marked 'Strictly confidential' to Mrs D Barber, Altrincham Preparatory School.

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| <b>Post applied for:</b>  |
| <b>Gender</b><br>Man <input type="checkbox"/> Woman <input type="checkbox"/> Intersex <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/><br>If you prefer to use your own term, please specify: _____  |
| <b>Are you married or in a civil partnership?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>  |
| <b>Age</b><br>16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/><br>55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>   |
| <b>What is your ethnicity?</b><br>Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.<br><br><b>White</b><br>English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> British <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/><br>Prefer not to say <input type="checkbox"/><br>Any other white background, please specify: _____<br><br><b>Mixed/multiple ethnic groups</b><br>White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Prefer not to say <input type="checkbox"/><br>Any other mixed background, please specify: _____<br><br><b>Asian/Asian British</b><br>Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Prefer not to say <input type="checkbox"/><br>Any other Asian background, please specify: _____<br><br><b>Black/ African/ Caribbean/ Black British</b><br>African <input type="checkbox"/> Caribbean <input type="checkbox"/> Prefer not to say <input type="checkbox"/><br>Any other Black/African/Caribbean background, please specify: _____<br><br><b>Other ethnic group</b><br>Arab <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other ethnic group, please specify: _____ |
| <b>Do you consider yourself to have a disability or health condition?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/><br>What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:<br><br>The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with the Head Master.   |
| <b>What is your sexual orientation?</b><br>Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/><br>If you prefer to use your own term, please specify: _____  |
| <b>What is your religion or belief?</b><br>No religion or belief <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"/> Prefer not to say <input type="checkbox"/><br>If other religion or belief, please specify: _____  |
| <b>What is your current working pattern?</b><br>Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Prefer not to say <input type="checkbox"/>  |
| <b>What is your flexible working arrangement?</b><br>None <input type="checkbox"/> Flexi-time <input type="checkbox"/> Staggered hours <input type="checkbox"/> Term-time hours <input type="checkbox"/> Annualised hours <input type="checkbox"/> Job-share <input type="checkbox"/> Flexible shifts <input type="checkbox"/><br>Compressed hours <input type="checkbox"/> Homeworking <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If other, please write in: _____  |
| <b>Do you have caring responsibilities? If yes, please tick all that apply</b><br>None <input type="checkbox"/> Primary carer of a child/children (under 18) <input type="checkbox"/> Primary carer of disabled child/children <input type="checkbox"/><br>Primary carer of disabled adult (18 and over) <input type="checkbox"/> Primary carer of older person <input type="checkbox"/><br>Secondary carer (another person carries out the main caring role) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>   |