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**EQUALITY AND DIVERSITY MONITORING FORM**

In the interests of monitoring our recruitment procedures we would be grateful if you could answer the questions below. We will separate this from your application and it will not take any part in the selection process.

*Please tick as appropriate:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age: | [ ]  16 - 17  | [ ]  18 - 21  | [ ]  22 - 30  | [ ]  31 - 40  | [ ]  41 - 50  |
| [ ]  51 - 60  | [ ]  61 - 65  | [ ]  66 - 70  | [ ]  70 +  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender : | [ ]  Male  | [ ]  Female  | [ ]  Prefer not to say |
|  Is the gender you indicated the same as your gender at birth? [ ]  Yes [ ]  No |

| *Asian or**Asian British* | [ ]  | Bangladeshi | *Black or**Black British* | [ ]  | African |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Indian | [ ]  | Caribbean |
| [ ]  | Pakistani | [ ]  | Other black background |
| [ ]  | Other Asian background |  |
| *Chinese* | [ ]  | Chinese | *Mixed* | [ ]  | White & Asian |
| [ ]  | White & Black African |
| [ ]  | White & Black Caribbean |
| [ ]  | Other mixed background |
| *White* | [ ]  | British | *Other ethnic group* | [ ]  | Other |
| [ ]  | Irish |
| [ ]  | Other white background | Any other ethnic group please specify       |

| Religion/Belief/Faith: |
| --- |
| [ ]  Baha’i | [ ]  Buddhist | [ ]  Christian | [ ]  Hindu | [ ]  Jain  | [ ]  Jewish  |
| [ ]  No Religion | [ ]  Muslim | [ ]  Sikh | [ ]  Other (please specify)       | [ ]  Prefer not to say |

| Denomination/Tradition/Branch: |
| --- |
| If you ticked an answer in the previous box, please describe the denomination, tradition or branch you identify with:       |
|  |  |  |  | [ ]  Prefer not to say |

|  |
| --- |
| Sexual Orientation: |
| [ ]  Bisexual  | [ ]  Gay man | [ ]  Gay woman/ lesbian | [ ]  Heterosexual/straight  | [ ]  Other(please specify)       | [ ]  Prefer not to say |

|  |
| --- |
| Disability: |
| *The Equality Act 2010 defines disability as "a physical or mental impairment which has a substantial & long term effect on a person’s ability to carry out normal day to day activities".* |
|  Do you consider yourself to have a disability?  | [ ]  Yes | [ ]  No | [ ]  Prefer not to say |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Tabloid (please specify)        | [ ]  CTE website | [ ]  Other website(please specify)       | [ ]  Other(please specify)       | [ ]  Prefer not to say |

**Thank you for assisting us by completing the form.**

**Completion of this form is entirely voluntary**

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| --- |
| ***Instructions to Operations Manager: Please do NOT circulate this form along with the application form.***  |