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| **Equal opportunities monitoring form** | | | | | | | | | | | | | | | | | | | | | | | |
| St Mary’s is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of gender, colour, race, nationality, marital or civil partnership status, religion or belief, sexual orientation, disability or age.  This form assists us in monitoring who is applying for employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce. These objectives comply with the requirements of the Equality Act 2010.  This form is used solely for monitoring purposes. It will be kept securely and not be seen by the shortlisting panel.  You are not obliged to answer all the questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. Thank you for your assistance.  The School will process personal data in accordance with its data protection policy and Privacy Notices.  ***Please complete in block capitals or typescript, ticking the boxes which most closely relate to you.*** | | | | | | | | | | | | | | | | | | | | | | | |
| **Please state which job you have applied for and the date of your application.**  Name: | | | | | | | | | | | | | | | | | | | | | | | |
| **Where did you hear about the job for which you have applied?** | | | | | | | | | | | | | | | | | | | | | | | |
| TES (Times Educational Supplement) | | | | | | | | | | | | | | School Website | | | | | | | | | |
| Friend / relative | | | | | | | | | | | | | | Other, please specify: | | | | | | | | | |
| **Which of the following best describes your gender (please tick)?**  *If you are currently undergoing the process of gender reassignment, please tick your future gender.* | | | | | | | | | | | | | | | | | | | | | | | |
| Male | | | | | | | | | | Female | | | | | | | | | | | Non-Binary | | |
| Prefer not to say | | | | | | | | | | | | | Prefer to self describe: | | | | | | | | | | |
| **Is the gender you identify with the same as your gender registered at birth** | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | | | | | No | | | | | | | | | | | Prefer not to say | | |
| **What are your preferred gender pronouns?** | | | | | | | | | | | | | | | | | | | | | | | |
| She / Her | | | | | | | | | He / Him | | | | | | | | | | | They / Them | | | |
| If you prefer to use your own pronouns, please specify: | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your age between (please tick)?** | | | | | | | | | | | | | | | | | | | | | | | |
| 16-24 | | | | | | | | | | 25-34 | | | | | | | | | | | 35-44 | | |
| 45-54 | | | | | | | | | | 55-64 | | | | | | | | | | | 65 or over | | |
| **How would you describe your ethnicity (please tick)?**  *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.* | | | | | | | | | | | | | | | | | | | | | | | |
| **White:** | | | | | | | | | | | | | | | | | | | | | | | |
| British | | Irish | | | | Welsh | | | | | | Scottish | | | | | | | Northern Irish | | | | Gypsy/Traveller |
| Other white background, please specify: | | | | | | | | | | | | | | | | | | | | | | | |
| **Asian or Asian British** | | | | | | | | | | | | | | | | | | | | | | | |
| Indian | Pakistani | | | | Chinese | | | | | | Any other Asian background, please specify: | | | | | | | | | | | | |
| **Black or Black British:** | | | | | | | | | | | | | | | | | | | | | | | |
| Caribbean | | | African | | Other black background, please specify: | | | | | | | | | | | | | | | | | | |
| Mixed or Multiple ethnic groups: | | | | | | | | | | | | | | | | | | | | | | | |
| White and Black Caribbean | | | | White and Black African | | | | White and Asian | | | | | | | | | | Any other mixed background, please specify: | | | | | |
| How would you describe your sexual orientation (please tick)? | | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | | | Bisexual | | | | | | | | | Gay | | | | | | | Lesbian | |
| Prefer not to say | | | | | | Prefer to self describe: | | | | | | | | | | | | | | | | | |
| How would you describe your religion (please tick)? | | | | | | | | | | | | | | | | | | | | | | | |
| My religion is……………………………………………………….. | | | | | | | | | | | | | | | | I am not religious | | | | | | | |
| Prefer not to say | | | | | | | |
| The Equality Act defines a disability as a "*physical or mental impairment*" which "*has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities*". An effect is long-term if it has lasted, or is likely to last, over 12 months or for the rest of the life of the person affected.  Do you consider yourself to have a disability as defined under the Equality Act (please tick)? | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** | | | | | | | No | | | | | | | | | | Don’t know | | | | | | |
| If you answered "Yes" please give brief details of your condition: | | | | | | | | | | | | | | | | | | | | | | | |
| For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to St Mary’s School processing the data supplied above in connection with monitoring compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files.  **Signed:**  **Dated**: | | | | | | | | | | | | | | | | | | | | | | | |