

<<Equality and Diversity or

Recruitment Monitoring Form

Job Ref:

In accordance with our <<Equality and Diversity Policy, we ensure that we provide equal opportunities to all regardless of race, sex, sexual orientation, gender reassignment, pregnancy and maternity.

So that we can assess the success of this policy, we are grateful, therefore, if you would complete the questionnaire. We have asked for your name in order to enable us to

All information supplied will be treated in confidence. The monitoring form will be detached from your application and used for monitoring purposes.

Thank you for your help.

1. Gender Assigned at Birth

☐ Male

☐ Female

☐ Prefer Not to Say

2. Which of the Following Best Reflects Gender Identity

☐ Male

☐ Female

☐ In Another Way

☐ Prefer Not to Say

3. Does Gender Align with Gender Assigned at Birth

☐ Yes

☐ No

☐ Prefer Not to Say

4. Preferred Title

☐ Miss

☐ Ms

☐ Mrs

☐ Other:

Full Name

5. Marital Status

☐ Married

☐ Divorced

☐ Separated

☐ Other:

☐ Civil Partner

6. Ethnic Origin

☐ English/Welsh/Scottish/Northern Irish/British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Any Other White Background

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Any Other Mixed/Multiple Ethnic Background

	<input type="checkbox"/> Indian
	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi
	<input type="checkbox"/> Chinese
	<input type="checkbox"/> Any Other Asian Background
	<input type="checkbox"/> Arab
	<input type="checkbox"/> Any Other Ethnic Group

<input type="checkbox"/> African
<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other Black/African/Caribbean Background

7. Religion or Belief	<input type="checkbox"/> No Religion
	<input type="checkbox"/> Buddhist
	<input type="checkbox"/> Christian

<input type="checkbox"/> Sikh
<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Other – Please Specify

8. Disability	Do you consider yourself disabled under the Equality Act 2010?
	(The Disability Discrimination Act 2010 - defines disability as a physical or mental impairment that has a substantial, long-term effect on a person's ability to carry out day to day activities.)
	If yes, what is your disability? (optional)

Do you consider yourself disabled under the Equality Act 2010?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
If yes, what is your disability? (optional)	

9. Age Range	<input type="checkbox"/> 16 - 24
	<input type="checkbox"/> 45 - 54

<input type="checkbox"/> 35 - 44
<input type="checkbox"/> 65+

10. Sexual Orientation	<input type="checkbox"/> Bisexual
	<input type="checkbox"/> Gay/Lesbian

<input type="checkbox"/> Heterosexual/Straight
<input type="checkbox"/> Prefer Not to Say

Data Protection

The Company treats data collected for reviewing applications in accordance with its data protection policy. [Please see the Company's data protection policy notice].

I consent to the Company processing the data collected for the purposes of recruitment and selection. I understand I may withdraw my consent at any time by notifying <<state job e.g. the HR Manager OR the relevant person>>.

I consent to the Company processing the data collected for the purposes of recruitment and selection in accordance with its data protection policy. [Please see the Company's data protection policy notice].

I consent to the Company processing the data collected for the purposes of equal opportunities monitoring in accordance with its data protection policy. [Please see the Company's data protection policy notice].

Applicant's Name:	
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