

RECRUITMENT MONITORING FORM

The King Edward VI Academy Trust in Birmingham 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 age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, which includes colour, nationality and ethnic or nation origins, religion or belief, gender or sexual orientation. These are known as protected characteristics.

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. Any information you provide will be treated in the strictest confidence. It will have no impact whatsoever upon your application or subsequent employment.

Please tell us about yourself: answering these questions will help us to ensure our recruitment and employment processes are fair to all and recognise the diversity needs of our workforce. However, we understand that how people are defined is a personal choice and understand if you prefer not to respond to some of these questions.

Position applied for:

Is the position:	Full time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>
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Age – please indicate:	16-24 <input type="checkbox"/>	25-29 <input type="checkbox"/>	30-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>	50-59 <input type="checkbox"/>	60-74 <input type="checkbox"/>
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Ethnicity – how would you describe your ethnicity? Please tick one of the boxes below or tick here if you prefer not to say:

White:

British <input type="checkbox"/>	Irish <input type="checkbox"/>	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>	English <input type="checkbox"/>
Gypsy/Traveller <input type="checkbox"/>	Other White background <input type="checkbox"/>			

Mixed:

White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other Mixed background <input type="checkbox"/>	
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Asian or Asian British:

Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other Asian background <input type="checkbox"/>
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Black or Black British:

African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other Black background <input type="checkbox"/>	
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Other ethnic group:

Arab <input type="checkbox"/>	Other ethnic group <input type="checkbox"/>	Please specify:
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What is your nationality:

Do you require a Work Permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
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Religion or belief – please indicate what best describes you:				
Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	Agnostic <input type="checkbox"/>	Atheist <input type="checkbox"/>	No religion <input type="checkbox"/>	Other <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>				
Gender – please indicate what best describes you:				
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
Transgender – do you currently live or plan to live in the gender opposite to your gender at birth:				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
Sexual orientation – please indicate your sexual orientation:				
Heterosexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Gay woman /Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Other <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>				
The equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out your normal day-to-day activities which has lasted, or is expected to last, at least 12 months. Alternatively some conditions, such as severe disfigurement, a diagnosis of cancer, HIV infection, multiple sclerosis or a progressive condition, are also covered under the Act. To help us make reasonable adjustments to address your needs for support to overcome barriers in the workplace:				
Do you consider yourself to have a disability or long-term health condition?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
If yes, which of the following apply to you? (you can select more than one)				
Blind or visual impairment <input type="checkbox"/>	Deaf or hearing impairment <input type="checkbox"/>	Learning Difficulty <input type="checkbox"/>	Mental health Condition <input type="checkbox"/>	Mobility <input type="checkbox"/>
Physical Impairment <input type="checkbox"/>	Other disability <input type="checkbox"/>	None of these <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
To ensure we offer you a fair recruitment process, please tell us whether you require any reasonable adjustment should you be invited to interview:				
Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please provide details:				
We will endeavour to provide access, equipment or other practical support to ensure that applicants attending interviews are not unfairly disadvantaged.				
Disclosure of Relationships - are you related by marriage, blood or as a cohabitee to any member of the Foundation or its' Governing body? Please state YES or NO.				
If YES, please state the name, relationship and position held.				

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I hereby declare that the information provided on all parts of this form is correct.

Signature of applicant:

Date: