

## Equal Opportunities Monitoring Form

Elstree School 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 or employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce.

This form will be separated from your Application Form on receipt and kept securely.

We would be grateful if you would fill in this form and return it with your application. 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 of confidence. Thank you for your assistance.

1. Please state which job you have applied for and the date of your application.

Job applied for.....

Date of application.....

2. What is your gender?

Male

Female

If you are currently undergoing the process of gender reassignment, please tick your future gender

3. Is your age between (please tick)?

16-24

25-34

35-44

45-54

55-64

65 or over

4. How would you describe you nationality and/or ethnicity (please tick?)

<b>White</b>	White - British	<input type="checkbox"/>
	White - Irish	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>
<b>Mixed/dual background</b>	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
<b>Asian or Asian British</b>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
<b>Black or Black British</b>	Black Caribbean	<input type="checkbox"/>
	Black - African	<input type="checkbox"/>
	Any other black background	<input type="checkbox"/>
<b>Chinese</b>		<input type="checkbox"/>
<b>Any other ethnic group</b>		<input type="checkbox"/>
<b>Refused</b>		<input type="checkbox"/>

5. How would you describe your sexual orientation (please tick?)

Heterosexual       Bisexual       Lesbian   
Gay       Prefer not to say

6. How would you describe your religion (please tick?)

My religion is.....

I am not religious   
Prefer not to say

7. The Disability Discrimination Act 1995 (“DDA”) 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. Do you consider yourself to have a disability under the DDA (please tick)?

Yes

No

I used to have a disability but have now recovered

Don’t know

8. If you answered “Yes” to question 7, please give brief details of your condition

.....  
.....  
.....  
.....  
.....  
.....

9. For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to Elstree 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:

Date: