

**Equal Opportunities Monitoring Form**

Our School is committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it to Geraldine McDowall, PA to the Principal/HR Officer. The information on this form will be used for monitoring purposes only and will not be used in any decision affecting you.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

NSCD HR Office

**About the Vacancy:**

**Please state which vacancy you have applied for and the closing date given for applications.**

Vacancy applied for: Click here to enter text.

Closing date for applications: Click here to enter a date.

**Where did you hear about this job? Please click all that apply:**

Newspaper: [ ]  Please specify which newspaper: Click here to enter text.

Recruitment Agency: [ ]  NSCD Website: [ ]

Friend: [ ]  Other: [ ]  Please specify: Click here to enter text.

**Gender: (please click)**

What is your gender? Male: [ ]  Female: [ ]  Prefer not to say: [ ]

**Age:**

What is your age? Choose an item.

**Sexual Orientation:**

**How would you describe your sexual orientation?** Choose an item.

**Ethnic Group**:

**How would you describe your nationality and/or ethnicity?**

White: Choose an item. Mixed race: Choose an item.

Asian or Asian British: Choose an item. Black or Black British: Choose an item.

Chinese & Other Groups: Choose an item. Prefer not to say [ ]

**Gender Identity:**

**Do you identify as transgender/transsexual?** Yes: [ ]  No: [ ]  Prefer not to say: [ ]

**Religion or belief:**

**Please describe your religion or other strongly-held belief.**

I would describe my religion or belief as: Click here to enter text.

I have no particular religion or belief: [ ]

Prefer not to say: [ ]

**Disability:**

The Equality Act 2010 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, more than 12 months.

Do you consider that you have a disability under the Equality Act: Yes: [ ]  No: [ ]  Don’t Know: [ ]

Used to have a disability but have now recovered: [ ]  Prefer not to say: [ ]