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| Equal opportunities monitoring form | | | | | | | | | | | | | | | | | | | | |
| The Leys 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, gender reassignment, disability or age.  This form assists us in building an accurate picture of the make-up of our workforce and monitoring who is applying for employment with us. This information helps the School ensure adherence to equal opportunities best practice, encourage equality and diversity, and supports our progress towards identifying any barriers to diversity among our workforce. These objectives comply with the requirements of the Equality Act 2010.  Filling in the form is voluntary however we would be grateful if you would complete this form and return it to the HR department independent of your application form. You are not obliged to answer all the questions but the more information you supply, the more effective our monitoring will be. The information you provide will be kept confidential and will be used solely for monitoring purposes. It will be kept securely and not opened until the recruitment process is complete.  The School will process personal data in accordance with its data protection policy and Privacy Notices.  If you have any questions about the form please feel free to contact the HR Department,01223 508955 or email [HR@theleys.net](mailto:HR@theleys.net)  Thank you for your assistance.  When completing this form please tick the boxes which most closely relate to you. | | | | | | | | | | | | | | | | | | | | |
| Job applied for: | | | | |  | | | | | | | | | | | | | | | |
| What is your gender (please tick)?  If you are currently undergoing the process of gender reassignment, please tick your future gender. | | | | | Male | | Female | | | | Intersex | | | Non-binary | | | | | Prefer not to say | |
| If you prefer to use your own gender identity, please state here: | | | | |  | | | | | | | | | | | | | | | |
| Is the gender you identify with the same as your gender registered at birth? | | | | | Yes | | | | | No | | | | | | | | Prefer not to say | | |
| 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 your nationality, place of birth or citizenship. It is about the group to which you perceive you belong. | | | | | | | | | | | | | | | | | | | | |
| **White:** | | | | **Black or Black British:** | | | | | | | | **Chinese or other ethnic group:** | | | | | | | | |
| British — English, Scottish or Welsh | | | | Caribbean | | | | | | | | Chinese | | | | | | | | |
| Irish | | | | African | | | | | | | | Any other ethnic group | | | | | | | | |
| Any other white background | | | | Any other Black background | | | | | | | |  | | | | | | | | |
| **Mixed race:** | | | | **Asian or Asian British:** | | | | | | | | **Prefer not to say:** | | | | | | | | |
| White and Black Caribbean | | | | Indian | | | | | | | |  | | | | | | | | |
| White and Black African | | | | Pakistani | | | | | | | |  | | | | | | | | |
| White and Asian | | | | Bangladeshi | | | | | | | |  | | | | | | | | |
| Other mixed background | | | | Other Asian background | | | | | | | |  | | | | | | | | |
| How would you describe your sexual orientation (please tick)? | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | | Bisexual | | | | | | | | Lesbian | | | | | | | | |
| Gay | | | | Asexual | | | | | | | | Pansexual | | | | | | | | |
| Undecided | | | | Prefer not to say | | | | | | | | | | | | | | | | |
| How would you describe your religion (please tick)? | | | | My religion is: | | | | | I am not religious | | | | | | | Prefer not to say | | | | |
| Do you have any caring responsibilities? (Please tick) | | | | | | | | | | | | | | | | | | | | |
| Primary carer of a child/children (under 18) | | | Primary carer of a disabled child/children | | | | | Primary carer of a disabled adult (18 and over) | | | | | | | | | Primary carer of an older person | | | |
| Secondary carer (another person carries out the main caring role) | | | None | | | | | 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)?  Please note: The information you provide here is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ then please discuss this with HR, or the manager running the recruitment process if you are a job applicant. | | | | | | | | | | | | | | | | | | | | |
| Yes | No | I used to have a disability but have now recovered | | | | | | | | | | | | | Don't know | | | | | |
| If you answered "Yes" to the question above, please give brief details of your condition | |  | | | | | | | | | | | | | | | | | | |

Thank you for taking the time to complete this form.