

## Monitoring of equality and diversity for the appointment of staff in schools

The school aims to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates.

**Why do I need to complete Equality & Diversity Questions?**

The school has a legal duty to promote equality and diversity. This duty applies to everything the school does, both as an employer and a provider of services. In order to help us, please answer the following questions and complete the declaration at the bottom of the end page.

**What happens to the Equality & Diversity information?**

All data, in accordance with the Data Protection Act will be confidentially retained and used only for the purpose of reporting and for the production of statistical reports. The Equality & Diversity data will only be recorded and maintained on the employee's personal record used for the purpose of statistical reports in relation to equality and performance indicators including recruitment.

Position applied for:

Closing date:

**Please repeat your personal details below**

Title:

Full name:

Age

Date of birth

**Your ethnicity**

**What is your ethnic group?**

**Please tick the relevant ethnic group.**

A. Asian

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background - please state: \_\_\_\_\_
- Prefer not to say

B. Black

- Caribbean
- African
- Any other black background - please state: \_\_\_\_\_
- Prefer not to say

C. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background - please state: \_\_\_\_\_
- Prefer not to say

D. Other ethnic group

- Arab
- Any other Ethnic Group - please state: \_\_\_\_\_
- Prefer not to say

E. White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background - please state: \_\_\_\_\_
- Prefer not to say

## Your religion or belief

What is your religion or belief?	
<input type="checkbox"/> None <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant & all other Christian denominations) <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh	<input type="checkbox"/> Humanist <input type="checkbox"/> Atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> Pagan <input type="checkbox"/> Any other religion or belief - please state:  <input type="checkbox"/> Prefer to self-define <input type="checkbox"/> Prefer not to say

## Your disability

Do you consider yourself to be a disabled person?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<p>Please select all that apply: Multiple selection on all options as may be impacted by more than one.</p> <input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Learning Difference <input type="checkbox"/> Neurodivergent <input type="checkbox"/> Prefer not to say

## Marriage or Civil Partnership

Are you currently married or in a civil partnership?			
Are you currently married? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Same sex <input type="checkbox"/> Opposite sex <input type="checkbox"/> Prefer to self-define. Please tell us.....  <input type="checkbox"/> Prefer not to say	Are you in a civil partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Same sex <input type="checkbox"/> Opposite sex <input type="checkbox"/> Prefer to self-define. Please tell us.....  <input type="checkbox"/> Prefer not to say

## Your sexual orientation

What is your sexual orientation?	
<input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian or Gay	<input type="checkbox"/> Pansexual <input type="checkbox"/> Prefer to self-define - please let us know: _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Questioning

## Your gender identity

What is your gender identity?		
<input type="checkbox"/> Non binary <input type="checkbox"/> Gender fluid	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Prefer to self-define - please let us know: _____ <input type="checkbox"/> Prefer not to say

**Gender reassignment**

Is your gender identity the same as the gender you were assigned at birth?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer to self-define - please let us know:

**Pregnancy and maternity**

Are you currently pregnant?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are you currently on maternity leave?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say

**Confirmation of Declaration**

The details given by me are correct to my knowledge and belief.	
Signed:	Date: