**Recruitment monitoring information**

**Post applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We are committed to promoting diversity and ensuring equal opportunities for all candidates. To help us monitor the effectiveness of our Equality, Diversity and Inclusion in Employment Policy and recruitment process and to assist in complying with our equality duties, we kindly request you to complete this confidential monitoring form.

Completion of this form is voluntary. If you do not wish to answer any of the questions you can select the “prefer not to say” option.

**Data Protection**

* The information provided will be kept confidential and separate from your application form. It will not be seen by those involved in making a recruitment decision.
* We will use your data to compile statistics on the representation of applicants of the categories listed to assist us in promoting equality, diversity and inclusion in accordance with our duties and eliminating discrimination in accordance with the Equality Act 2010.
* Data will be collated anonymously and used only for monitoring purposes. The form will be destroyed once the data has been collated in accordance with our records retention policy.
* You may withdraw your consent at any time by contacting us as below.

If you have any questions about the form contact [add contact details].

Please return the completed form to [add details].

**Declaration**

By signing below you consent to your data being used for the purposes stated.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Age**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 16-24 |  | 25-34 |  | 35-44 |  | 45-54 |  |
| 55-64 |  | 65-74 |  | 75-84 |  | 85+ |  |
| Prefer not to say | |  |  |  |  |  |  |

1. **Gender**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Non-binary |  |
| If you prefer to use your own gender identity, please write in | | | |  |  |
| Prefer not to say |  |

1. **Marital status**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Married |  | Civil Partnership |  | Single/Widowed |  |
| Prefer not to say |  |

1. **Sexual orientation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Heterosexual/Straight |  | Gay/Lesbian |  | | Bisexual |  |
| If you prefer to use your own identity, please write in | | | |  | | |
| Refer not to say |  |

1. **Ethnic group**
2. **White:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| English |  | Irish |  | Scottish |  |
| Welsh |  | Gypsy or Irish Traveller |  | Roma |  |
| Northern Irish |  | British |  |
| Any other white background | |  | | | |

1. **Mixed or multiple ethnic groups**

|  |  |  |  |
| --- | --- | --- | --- |
| white and black Caribbean |  | white and Asian |  |
| white and black African |  |  |  |
| Any other mixed or multiple ethnic group |  | | |

1. **Asian or Asian British**

|  |  |  |  |
| --- | --- | --- | --- |
| Indian |  | Pakistani |  |
| Bangladeshi |  | Chinese |  |
| Any other Asian background |  | | |

1. **Black, Black British, Caribbean or African**

|  |  |  |  |
| --- | --- | --- | --- |
| Caribbean |  | African |  |
| any other black, black British, or Caribbean background | |  |  |

1. **Other Ethnic group:**

|  |  |  |  |
| --- | --- | --- | --- |
| Arab |  | any other ethnic group |  |

|  |  |
| --- | --- |
| Prefer not to say |  |

1. **Religion**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No religion |  | Christian | | |  | Buddhist | |  |
| Hindu |  | Jewish | | |  | Muslim | |  |
| Sikh |  | Any other religion, please describe | | | | |  | |
| Prefer not to say | | |  |

1. **Disability**

Before ticking the appropriate box below please read the definition of disability.   
  
The definition of disability, as outlined in the Equality Act 2010 is as follows: *“a physical or mental impairment which has a “substantial” and “long term” negative effect on a person’s ability to carry out normal day-to-day activities”.*Do you consider yourself to have a disability?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Prefer not to say |  |