

Equal opportunities monitoring form

Virtuosi Education Provider Ltd are committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of sex, gender, race (which includes both colour and nationality), marital or civil partnership status, religion or belief, sexual orientation, disability, age or pregnancy and maternity.

This form assists us in monitoring who is applying for employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce. These objectives comply with the requirements of the Equality Act 2010.

This form is used solely for monitoring purposes. It will be kept securely and not be seen by the shortlisting panel.

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 confidence. Thank you for your assistance.

Please complete in block capitals or typescript, ticking the boxes which most closely relate to you.

Name:	
Date of application:	
Job applied for:	

1 Where did you hear about the job for which you have applied?

Website (please specify which one)	<input type="checkbox"/>	
School website	<input type="checkbox"/>	
Friend	<input type="checkbox"/>	
Agency	<input type="checkbox"/>	
Other (please state)	<input type="checkbox"/>	

2 What is your gender?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		
Other:			
Please tick this box if you consider yourself to be trans or have a trans history, or if you have gone through or are currently going through gender reassignment.			<input type="checkbox"/>

3	Is your age between?								
	16-24	<input type="checkbox"/>		25-34	<input type="checkbox"/>		35-44	<input type="checkbox"/>	
	45-54	<input type="checkbox"/>		55-64	<input type="checkbox"/>		65 or over	<input type="checkbox"/>	
4	How would you describe ethnicity?								
	Ethnic origin categories are not about nationality, birthplace or citizenship. They are about the group to whom you see yourself as belonging to. Please indicate your ethnic origin by selecting the appropriate box:								
	White:			Black or Black British:			Asian or Asian British:		
	English, Scottish, Northern Irish or British	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>		Indian	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>		African	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>	
	Gypsy or Irish Traveller	<input type="checkbox"/>		Any other Black, African or Caribbean background	<input type="checkbox"/>		Bangladeshi	<input type="checkbox"/>	
	Any other White background	<input type="checkbox"/>					Chinese	<input type="checkbox"/>	
							Any other Asian background	<input type="checkbox"/>	
	Mixed ethnicity:			Other ethnic group:			Prefer not to say:		
	White and Black Caribbean	<input type="checkbox"/>		Arab	<input type="checkbox"/>			<input type="checkbox"/>	
	White and Black African	<input type="checkbox"/>		Any other ethnic group	<input type="checkbox"/>				
	White and Asian	<input type="checkbox"/>							
	Any other Mixed background	<input type="checkbox"/>							
5	How would you describe your sexual orientation?								
	Heterosexual	<input type="checkbox"/>		Bisexual	<input type="checkbox"/>		Lesbian	<input type="checkbox"/>	
	Gay	<input type="checkbox"/>		Queer	<input type="checkbox"/>		Other	<input type="checkbox"/>	
	Prefer not to say	<input type="checkbox"/>							
6	How would you describe your religion?								
	Buddhist	<input type="checkbox"/>		Christian	<input type="checkbox"/>		Hindu	<input type="checkbox"/>	

	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	
	Prefer not to say	<input type="checkbox"/>	I am not religious	<input type="checkbox"/>		
Other:						
7	<p>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)?</p>					
	Yes	<input type="checkbox"/>				
	No	<input type="checkbox"/>				
	I used to have a disability but have now recovered	<input type="checkbox"/>				
	Don't know	<input type="checkbox"/>				
	Prefer not to say	<input type="checkbox"/>				
8	<p>If you answered "Yes" to question 7, please give brief details of your condition here. The information in this form is for monitoring purposes only. If you believe you need a "reasonable adjustment", then please discuss this further at the interview.</p>					
<p>For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to St Paul's School and St Paul's Juniors 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.</p> <p style="text-align: center;"><i>Signed</i></p> <p style="text-align: center;"><i>Dated</i></p>						