



ST JOHN'S

A MERCHANT TAYLORS' SCHOOL

Equal opportunities monitoring form

St John's 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 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.

We would be grateful if you would complete this form and return it with your completed 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 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.

Thank you for your assistance.

When completing this form please tick the boxes which most closely relate to you.

- 1 Please state which job you have applied for and the date of your application.

Job applied for:

Date of application:
(dd/mm/yyyy)

2	Where did you hear about the job for which you have applied?
	Newspaper (please specify which one) <input style="margin-left: 10px;" type="checkbox"/>
	School website <input style="margin-left: 10px;" type="checkbox"/> Agency <input style="margin-left: 10px;" type="checkbox"/>
	Friend <input style="margin-left: 10px;" type="checkbox"/>
	Other (please specify) <input style="margin-left: 10px;" type="checkbox"/>

3	What is your gender (please tick)?
	Male <input style="margin-left: 10px;" type="checkbox"/>
	Female <input style="margin-left: 10px;" type="checkbox"/>

	If you are currently undergoing the process of gender reassignment, please tick your future gender.
--	-----------------------------------------------------------------------------------------------------

4	Is your age between (please tick)?
	16-24 <input style="margin-left: 10px;" type="checkbox"/> 25-34 <input style="margin-left: 10px;" type="checkbox"/> 35-44 <input style="margin-left: 10px;" type="checkbox"/>
	45-54 <input style="margin-left: 10px;" type="checkbox"/> 55-64 <input style="margin-left: 10px;" type="checkbox"/> 65 or over <input style="margin-left: 10px;" type="checkbox"/>

5	How would you describe your nationality and / or ethnicity (please tick)?			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> White: British — English, Scottish or Welsh <input style="margin-left: 10px;" type="checkbox"/> Irish <input style="margin-left: 10px;" type="checkbox"/> Any other white background <input style="margin-left: 10px;" type="checkbox"/> Mixed race: White and Black Caribbean <input style="margin-left: 10px;" type="checkbox"/> White and Black African <input style="margin-left: 10px;" type="checkbox"/> White and Asian <input style="margin-left: 10px;" type="checkbox"/> Any other mixed background <input style="margin-left: 10px;" type="checkbox"/> </td> <td style="width: 33%; vertical-align: top;"> Black or Black British: Caribbean <input style="margin-left: 10px;" type="checkbox"/> African <input style="margin-left: 10px;" type="checkbox"/> Any other Black background <input style="margin-left: 10px;" type="checkbox"/> Asian or Asian British: Indian <input style="margin-left: 10px;" type="checkbox"/> Pakistani <input style="margin-left: 10px;" type="checkbox"/> Bangladeshi <input style="margin-left: 10px;" type="checkbox"/> Any other Asian background <input style="margin-left: 10px;" type="checkbox"/> </td> <td style="width: 33%; vertical-align: top;"> Chinese or other ethnic group: Chinese <input style="margin-left: 10px;" type="checkbox"/> Any other ethnic group <input style="margin-left: 10px;" type="checkbox"/> </td> </tr> </table>	White: British — English, Scottish or Welsh <input style="margin-left: 10px;" type="checkbox"/> Irish <input style="margin-left: 10px;" type="checkbox"/> Any other white background <input style="margin-left: 10px;" type="checkbox"/> Mixed race: White and Black Caribbean <input style="margin-left: 10px;" type="checkbox"/> White and Black African <input style="margin-left: 10px;" type="checkbox"/> White and Asian <input style="margin-left: 10px;" type="checkbox"/> Any other mixed background <input style="margin-left: 10px;" type="checkbox"/>	Black or Black British: Caribbean <input style="margin-left: 10px;" type="checkbox"/> African <input style="margin-left: 10px;" type="checkbox"/> Any other Black background <input style="margin-left: 10px;" type="checkbox"/> Asian or Asian British: Indian <input style="margin-left: 10px;" type="checkbox"/> Pakistani <input style="margin-left: 10px;" type="checkbox"/> Bangladeshi <input style="margin-left: 10px;" type="checkbox"/> Any other Asian background <input style="margin-left: 10px;" type="checkbox"/>	Chinese or other ethnic group: Chinese <input style="margin-left: 10px;" type="checkbox"/> Any other ethnic group <input style="margin-left: 10px;" type="checkbox"/>
White: British — English, Scottish or Welsh <input style="margin-left: 10px;" type="checkbox"/> Irish <input style="margin-left: 10px;" type="checkbox"/> Any other white background <input style="margin-left: 10px;" type="checkbox"/> Mixed race: White and Black Caribbean <input style="margin-left: 10px;" type="checkbox"/> White and Black African <input style="margin-left: 10px;" type="checkbox"/> White and Asian <input style="margin-left: 10px;" type="checkbox"/> Any other mixed background <input style="margin-left: 10px;" type="checkbox"/>	Black or Black British: Caribbean <input style="margin-left: 10px;" type="checkbox"/> African <input style="margin-left: 10px;" type="checkbox"/> Any other Black background <input style="margin-left: 10px;" type="checkbox"/> Asian or Asian British: Indian <input style="margin-left: 10px;" type="checkbox"/> Pakistani <input style="margin-left: 10px;" type="checkbox"/> Bangladeshi <input style="margin-left: 10px;" type="checkbox"/> Any other Asian background <input style="margin-left: 10px;" type="checkbox"/>	Chinese or other ethnic group: Chinese <input style="margin-left: 10px;" type="checkbox"/> Any other ethnic group <input style="margin-left: 10px;" type="checkbox"/>		

6	How would you describe your sexual orientation (please tick)?
	Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Lesbian <input type="checkbox"/>
	Gay <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
7	How would you describe your religion (please tick)?
	My religion is:
	I am not religious <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>
8	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)?
	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"/>
9	If you answered "Yes" to question 8, please give brief details of your condition
10	
	Signed
	Dated