

The Academy is committed to ensuring that job applicants are treated fairly and consistently and that no one is disadvantaged or discriminated against.

Information collected via recruitment monitoring helps the Academy fulfil this commitment and assists greatly in the development and evaluation of employment policy.

Information you provide will be treated in strict confidence and will not be seen by anyone involved in the selection process.

Person/Role Details

Full Name

Job Title

Location/Establishment

Pay Reference for this post (If known)

Equal Opportunities

As part of our equal opportunities policy we request that you complete the following information. This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

Please indicate your ethnic origin:

- | | | | |
|--|--------------------------|--|--------------------------|
| Asian or Asian British – Bangladeshi | <input type="checkbox"/> | Asian or Asian British – Chinese | <input type="checkbox"/> |
| Asian or Asian British – Indian | <input type="checkbox"/> | Asian or Asian British – Other | <input type="checkbox"/> |
| Asian or Asian British – Pakistani | <input type="checkbox"/> | Black or Black British – African | <input type="checkbox"/> |
| Black or Black British – Caribbean | <input type="checkbox"/> | Black or Black British – Other | <input type="checkbox"/> |
| Mixed – Other | <input type="checkbox"/> | Mixed Ethnic Group – White & Asian | <input type="checkbox"/> |
| Mixed Ethnic – White & Black African | <input type="checkbox"/> | Mixed Ethnic – White & Black Caribbean | <input type="checkbox"/> |
| Other Ethnic Origin - Arab | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| White – Welsh/English/Scottish/N.Ireland | <input type="checkbox"/> | White – Irish | <input type="checkbox"/> |
| White – Other | <input type="checkbox"/> | White – Gypsy/Irish Traveller | <input type="checkbox"/> |

Other Ethnic Group: (Please state)

Please indicate your Religion/Belief:

- | | | | |
|----------|--------------------------|-------------------|--------------------------|
| Buddhist | <input type="checkbox"/> | Christian | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | | |

Please provide your Date of Birth:

Please indicate your relevant Age Range:

- | | | | |
|---------|--------------------------|---------|--------------------------|
| 16 – 17 | <input type="checkbox"/> | 18 – 24 | <input type="checkbox"/> |
| 25 – 29 | <input type="checkbox"/> | 30 – 39 | <input type="checkbox"/> |
| 40 – 49 | <input type="checkbox"/> | 50 – 59 | <input type="checkbox"/> |
| 60 – 64 | <input type="checkbox"/> | 65+ | <input type="checkbox"/> |

Please indicate your Sexual Orientation:

- | | | | |
|-------------------|--------------------------|-------------------|--------------------------|
| Bisexual | <input type="checkbox"/> | Gay Man | <input type="checkbox"/> |
| Heterosexual | <input type="checkbox"/> | Lesbian/Gay woman | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | | |

Please indicate your gender:

- | | | | |
|--------|--------------------------|------|--------------------------|
| Female | <input type="checkbox"/> | Male | <input type="checkbox"/> |
|--------|--------------------------|------|--------------------------|

Disability

The Disability Discrimination Act (2010) defines a disabled person as someone with a 'physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'.

Do you consider yourself to have such a disability?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Please indicate what type of disability you have

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| Do not wish to specify | <input type="checkbox"/> | Hearing Impairment | <input type="checkbox"/> |
| Learning Difficulties | <input type="checkbox"/> | Learning Disability | <input type="checkbox"/> |
| Long standing illness or health condition | <input type="checkbox"/> | Mental Health Condition | <input type="checkbox"/> |
| Mental illness | <input type="checkbox"/> | Mobility Impairment | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Physical Co-Ordination difficulties | <input type="checkbox"/> |
| Physical impairment | <input type="checkbox"/> | Reduced physical capacity | <input type="checkbox"/> |
| Sensory impairment | <input type="checkbox"/> | Speech Impairment | <input type="checkbox"/> |
| Visual impairment (Not corrected by Spectacles or contact lenses) | <input type="checkbox"/> | Neurological Condition | <input type="checkbox"/> |