

## Equal Monitoring Form



In accordance with its policy on equal opportunities in employment, we will not discriminate either directly or indirectly because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

In order to assess how successful this policy is we have set up a system of monitoring all job applications. We would therefore be grateful if you would complete the questions on this form. We have asked for your name to enable us to monitor applications at shortlisting and appointment as well as application stage.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

<b>Post Title:</b>			
<b>Name:</b>			
<b>1. DOB</b>			
<b>2. Gender</b>	Male		Female
<i>For the purpose of this question, transgender is defined as someone who lives or wants to live in the gender opposite to that which they were applied at birth. Do you identify as transgender?</i>			
<b>3. Marital Status</b>			
Single		Married	Civil Partnership
<b>4. Sexual Orientation</b> What is your sexual orientation?	Heterosexual/Straight		
	Bisexual		
	Gay Man		
	Gay Woman/Lesbian		
	Prefer not to say		
	Other		
<b>5. Dependents</b> <i>Do you have responsibility for dependents? Dependents relate to children or elderly or other persons for whom you are the main carer.</i>			
<b>6. Disabilities</b> Do you consider yourself to be disabled?  <i>i.e. to have a physical or mental impairment, which has a substantial and long term effect</i>	Yes, please state below		
	No		
	Prefer not to say		
	Physical/mobility impairment		
	Visual impairment		
	Learning disability/difficulty		

<i>(lasted or expected to last at least 12 months).</i>	Mental health condition	
	Long standing illness eg. Cancer, Heart Disease	
	Other	
<b>7. Ethnic Origin</b> <i>Relates to a sense of identity/belonging on the basis of race/culture. Please choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.</i>		
<b>A White</b>		<b>B Mixed</b>
British		White & Black African
English		White & Black Caribbean
Scottish		White & Asian
Welsh		Mixed Other, please specify
Irish		<b>D Asian (British, English, Scottish, Welsh)</b>
Other, please specify		Indian
<b>C Black (Black British, English, Scottish or Welsh)</b>		Pakistani
Black African		Bangladeshi
Black Caribbean		Asian Other, please specify
Black Other, please specify		
<b>E Chinese (Chinese British, English, Scottish, Welsh, or other ethnic group)</b>		
Chinese		Other Chinese, please specify
<b>8. Religion</b>	Buddhism	
	Judaism	
	Christianity	
	Islam	
	Hinduism	
	No Religion	
	Prefer not to say	
	Other, please state	

Data protection: Information from this application may be processed for purposes registered by the Employer under the General Data Protection Regulation (GDPR) which replaces the Data Protection Act 1998.

By submitting this data I hereby give my consent to the WESC Foundation processing the data supplied in this form for the purpose of recruitment and selection.

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