

For Internal Use Only:

<input type="checkbox"/>	Not shortlisted	<input type="checkbox"/>	Shortlisted	<input type="checkbox"/>	Successful	<input type="checkbox"/>	Withdrawn
--------------------------	-----------------	--------------------------	-------------	--------------------------	------------	--------------------------	-----------



Wellspring Academy Trust

Equal Opportunities Monitoring Form HR4B

The Wellspring Academy Trust is committed to Equality of Opportunity in Employment. By collecting this information, we are able to ensure that our policies and systems are objective and fair. In order to monitor the effectiveness of our recruitment please complete this section.

Name:	
Date of birth:	
Post Applied For:	

Ethnicity

Please tick the relevant box

White	<input type="checkbox"/>	British	
	<input type="checkbox"/>	English	
	<input type="checkbox"/>	Scottish	
	<input type="checkbox"/>	Welsh	
	<input type="checkbox"/>	Irish	
	<input type="checkbox"/>	Any other White background (please state)	<input type="text"/>

Asian	<input type="checkbox"/>	British	
	<input type="checkbox"/>	Bangladeshi	
	<input type="checkbox"/>	Indian	
	<input type="checkbox"/>	Pakistani	
	<input type="checkbox"/>	Any other Asian background (please state)	<input type="text"/>

Black	<input type="checkbox"/>	British	
	<input type="checkbox"/>	African	
	<input type="checkbox"/>	Caribbean	
	<input type="checkbox"/>	Any other Black background (please state)	<input type="text"/>

Mixed	<input type="checkbox"/>	White and Black Caribbean	
	<input type="checkbox"/>	White and Black African	

<input type="checkbox"/>	White and Asian	
<input type="checkbox"/>	Any other Mixed background (please state)	<input type="text"/>

Chinese

Any other Nationality

Religion

Please tick the relevant box

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>	
Buddhist	<input type="checkbox"/>	
Hindu	<input type="checkbox"/>	
Muslim	<input type="checkbox"/>	
Sikh	<input type="checkbox"/>	
Jewish	<input type="checkbox"/>	
Prefer not to say	<input type="checkbox"/>	
None	<input type="checkbox"/>	
Other (please state)	<input type="checkbox"/>	<input type="text"/>

Gender

Please tick the relevant box

Male

Female

Prefer not to say

Have you ever identified as transgender?

Yes No Prefer not to say

Sexual Orientation

Please tick the relevant box

Bisexual

Gay man

Gay woman / Lesbian

Heterosexual

Other

Prefer not to say

Marriage and Civil Partnership

Please tick the relevant box

- Single
- Married / in a registered same sex civil partnership
- Separated, but still legally married / in a registered same sex civil partnership
- Divorced / formerly in a same-sex civil partnership which is legally dissolved
- Widowed / surviving partner from a same-sex civil partnership
- Prefer not to say

Disability

Please tick the relevant box

Do you consider yourself to have a disability?

- Yes No Prefer not to say

If yes, please give brief details:

Age

Please tick the relevant box

- 16-17 18-19 20-24 25-29 30-34 35-39
- 40-44 45-49 50-54 55-59 60-64 65+
- Prefer not to say

Thank you for your help.