

MODEL RECRUITMENT MONITORING INFORMATION FORM

THE INFORMATION PROVIDED BY YOU WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND WILL NOT SUPPLEMENT OR FORM PART OF YOUR APPLICATION, THE SELECTION CRITERIA USED OR THE SELECTION PROCESS GENERALLY.

You are not obliged to complete this form but, if you do so, it will help us to fulfil our duties under the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation, to promote and advance equality of opportunity and to foster good relations between people who share a relevant "protected characteristic" and those who do not. "Protected characteristics", as defined by the Equality Act 2010, are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Post title:	School:
Date of birth:	
1. GENDER	
Male	
Female	

2. COUNTRY OF BIRTH

My country of birth is:

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3. ETHNIC ORIGIN			
I would describe my ethnic	origin as:		
1. White		4. Asian, Asian British, Asian Scottish or Asia	•
British		Bangladeshi	
English		Indian	
Scottish		Pakistani	
Welsh		Any other Asian background	
Irish		(please specify)	
Any other White background (please specify)			
2. Black, Black British, Black English, Black Scottish or Black Welsh		5. Chinese, Chinese Brit English, Chinese Sco Welsh	
African		Chinese	
Caribbean		Any other Chinese background	nd
Any other Black background (please specify)		(please specify)	
3. Mixed		6. Other ethnic group	
White & Asian		Other ethnic group	
White & Black African		(please specify)	
White & Black Caribbean			

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y other Mixed background ease specify)	
4. RELIGION I would describe my religion as:	
None	
Catholic	
Other Christian	
Buddhist	
Hindu 🗌	
Jewish	
Muslim	
Sikh	
Any other	

5. DISABILITY

The legal definition of disability is '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'. Some specific conditions deemed to be disabilities include HIV, cancer, multiple sclerosis and severe disfigurements.

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P a	ge	1		
Do you have a disability, long-term illness (mental or physical), on-going medical condition or treatment that we should be aware of?				
Yes: No:				
Data Protection Act				
I hereby give my consent for the Recruitment Monitoring Information provided on the to be held on computer or other relevant filing systems and to be shared with accredited organisations or agencies in accordance with the Data Protection Act 1996.	h othe			

Signature:

Date: