



Recruitment Monitoring Form [Strictly Confidential]

Stephen Sutton Multi-Academy Trust and its partner schools are committed to ensuring that job applicants are treated fairly and consistently and that no one is disadvantaged or subject to discriminatory practice. Information collected via recruitment monitoring helps the Trust and its partner schools to fulfil this commitment and assists evaluation of our employment-related policies. Information provided on this form 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 (of the position for which you are applying)

School (at which the post is advertised)

Pay grade for post advertised

Equality and diversity

Consistent with our Equality and Diversity Policy, we request that you complete the following information. This information is used for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on the outcome of an appointment decision. The information provided helps us to ensure that our recruitment procedures are fair by enabling us to identify and address any 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 and Asian)	<input type="checkbox"/>
Mixed Ethnic (White and Black African)	<input type="checkbox"/>	Mixed Ethnic (White and 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:

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 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"/>
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Disability

The Disability Discrimination Act (2010) defines a disabled person as someone with a ‘physical or mental impairment that 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"/>
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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"/>