

# Recruitment Monitoring Form

## Strictly Confidential

The Excalibur Academies Trust 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 us 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

<b>Full Name:</b>	
<b>Job Title:</b>	
<b>Location:</b>	

## 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 shortlisting 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:

- |                                                                   |                                                           |
|-------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 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"/> Asian or Asian British - Caribbean       | <input type="checkbox"/> Black or Black British - Other   |
| <input type="checkbox"/> Mixed - Other                            |                                                           |
| <input type="checkbox"/> Mixed Ethnic - White & Black African     |                                                           |
| <input type="checkbox"/> Other Ethnic Origin - Arab               |                                                           |
| <input type="checkbox"/> White - Welsh/English/Scottish/N.Ireland |                                                           |
| <input type="checkbox"/> White - Other                            |                                                           |
| <input type="checkbox"/> Other Ethnic Group:                      |                                                           |

(Please State) \_\_\_\_\_

Please indicate your Religion/Belief:

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

Other Religion/Belief:

(Please State) \_\_\_\_\_

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Please provide your Date of Birth: \_\_\_\_\_

Please indicate your Sexual Orientation:

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

Please indicate your Gender:

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

### 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 disability?

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

Please indicate what type of disability you have:

- |                                                                                               |                                                              |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 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 / Health Condition                             | <input type="checkbox"/> Mental Health Condition             |
| <input type="checkbox"/> Mental Illness                                                       | <input type="checkbox"/> Mobility Impairment                 |
| <input type="checkbox"/> Physical Impairment                                                  | <input type="checkbox"/> Physical Co-Ordination Difficulties |
| <input type="checkbox"/> Sensory Impairment                                                   | <input type="checkbox"/> Reduced Physical Capacity           |
| <input type="checkbox"/> Visual Impairment<br>(Not corrected by spectacles or contact lenses) | <input type="checkbox"/> Speech Impairment                   |
| <input type="checkbox"/> Other Disability:                                                    | <input type="checkbox"/> Neurological Condition              |

(Please State) \_\_\_\_\_

### Job Advertising

Where did you first hear about / see this vacancy?

- |                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> The Excalibur Academies Trust Website | <input type="checkbox"/> Local Shop Window          |
| <input type="checkbox"/> Word of Mouth                         | <input type="checkbox"/> TES Online                 |
| <input type="checkbox"/> Job Centre Plus                       | <input type="checkbox"/> Wiltshire Schools Bulletin |
| <input type="checkbox"/> Local Newspaper                       | <input type="checkbox"/> Other                      |

(Please State) \_\_\_\_\_

This information will be treated as confidential and will be separated from your application on receipt. This form may be held and processed in accordance with the terms of the Data Protection Act (1998). It will be treated confidentially.

Please return this completed form along with your application form / letter of application to:

Kim Jones - HR Director via email at [recruitment@stjohns.wilts.sch.uk](mailto:recruitment@stjohns.wilts.sch.uk) or post to Kim Jones, Excalibur Academies Trust, HR Director, Granham Hill, Marlborough, Wiltshire SN8 4AX

Thank you