**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 |  |  |  | British |  |  |
|  |  |  |  | English |  |  |
|  |  |  |  | Scottish |  |  |
|  |  |  |  | Welsh |  |  |
|  |  |  |  | Irish |  |  |
|  |  |  |  | Any other White background (please state) |  |  |
|  |  |  |  |  |  |  |
| Asian |  |  |  | British  |  |  |
|  |  |  |  | Bangladeshi |  |  |
|  |  |  |  | Indian |  |  |
|  |  |  |  | Pakistani |  |  |
|  |  |  |  | Any other Asian background (please state) |  |  |
|  |  |  |  |  |  |  |
| Black |  |  |  | British  |  |  |
|  |  |  |  | African |  |  |
|  |  |  |  | Caribbean |  |  |
|  |  |  |  | Any other Black background (please state) |  |  |
|  |  |  |  |  |  |  |
| Mixed |  |  |  | White and Black Caribbean |  |  |
|  |  |  |  | White and Black African |  |  |
|  |  |  |  | White and Asian |  |  |
|  |  |  |  | Any other Mixed background (please state) |  |  |
|  |  |  |  |  |  |  |
| Chinese |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Any other Nationality |  |  |  |  |  |  |

**Religion**

*Please tick the relevant box*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations |  |  |  |  |
| Buddhist |  |  |  |  |
| Hindu |  |  |  |  |
| Muslim |  |  |  |  |
| Sikh |  |  |  |  |
| Jewish |  |  |  |  |
| Prefer not to say |  |  |  |  |
| None |  |  |  |  |
| Other (please state) |  |  |  |  |

**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.**