

For Internal Use Only:

<input type="checkbox"/>	Not shortlisted	<input type="checkbox"/>	Shortlisted	<input type="checkbox"/>	Successful	<input type="checkbox"/>	Withdrawn
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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
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<input type="checkbox"/>	White and Black African	<input type="text"/>
<input type="checkbox"/>	White and Asian	
<input type="checkbox"/>	Any other Mixed background (please state)	

Chinese ☐

Any other ☐

Religion

Please tick the relevant box

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>	<input type="text"/>
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 ☐ ☐ Prefer not to say ☐

Sexual Orientation

Please tick the relevant box

Bisexual	<input type="checkbox"/>	Gay man	<input type="checkbox"/>
Gay woman / Lesbian	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Other	<input type="checkbox"/>	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 ☐ ☐ 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.