



## Falcon Education Academies Trust

### Equality and Diversity Monitoring Form

**Name (optional):** .....

**Falcon Education Academies Trust operates a policy of providing equal opportunities in all aspects of work, including recruitment, training, and promotion - whatever the colour, race, religion, belief, ethnic or national origin, gender, sexual orientation, marital status, age or disability of an employee, having regard to the individual's aptitudes and abilities and requirements for the job. We are opposed to all forms of discrimination.**

We're also bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we are required to obtain the information requested below.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

*The information that you provide will stay confidential and be stored securely, limited to staff in the organisation's Human Resources section.*

### Equalities Monitoring Information

<b>What is your date of birth?</b>	D	D	M	M	Y	Y	Y	Y
<b>What gender are you?</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say							
<b>Do you identify as the gender you were assigned at birth?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say							

<b>Are you married or in a civil partnership?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
<b>Age?</b>	<input type="checkbox"/> 16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input checked="" type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say

**How Would You Describe Your Ethnic Origin?**

**Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.**

<p><b>White</b></p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background, please specify: <hr/>	<p><b>Black or Black British</b></p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background, please specify: <hr/>	<p><b>Other Ethnic groups</b></p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please specify: <hr/>
<p><b>Asian or British Asian</b></p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese	<p><b>Mixed</b></p> <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background, please specify: <hr/>	<input type="checkbox"/> Prefer not to say

**Which Of The Following Best Describes Your Sexual Orientation?**

<input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Homosexual	<input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
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## What Is Your Religion Or Belief?

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Agnostic              | <input type="checkbox"/> Jain        | <input type="checkbox"/> Hindu             |
| <input type="checkbox"/> Atheist               | <input type="checkbox"/> Jewish      | <input type="checkbox"/> Pagan             |
| <input type="checkbox"/> Buddhist              | <input type="checkbox"/> Muslim      | <input type="checkbox"/> Sikh              |
| <input type="checkbox"/> Christian             | <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other, please specify |                                      |  |

## Pregnancy And Maternity

Are you pregnant?

- Yes
- No
- Prefer not to say

Have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

**Are Your Day-To-Day Activities Significantly Limited Because Of A Health Problem Or Disability Which Has Lasted, Or Is Expected To Last, At Least 12 Months?**

- Yes
- No
- Prefer not to say

**If You Answered 'Yes' To The Question Above, Please State The Type Of Impairment. Please Tick All That Apply. If None Of The Below Categories Applies, Please Mark 'Other'.**

- Physical impairment
- Sensory impairment
- Learning disability/difficulty
- Long-standing illness
- Mental health condition
- Developmental condition
- Other

**If You Consider Yourself To Have A Disability, Please List Below Any Special Requirements Or Reasonable Adjustments That You May Have If You Invited For An Assessment Process/Interview:**

## What Is Your Current Working Pattern?

- Full time
- Part time
- Prefer not to say

## If You Work Flexibly, Please Tick To Indicate Your Pattern Of Work:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Flexi time        | <input type="checkbox"/> Staggered hours | <input type="checkbox"/> Term time hours |
| <input type="checkbox"/> Annualised hours  | <input type="checkbox"/> Job share       | <input type="checkbox"/> Flexible shifts |
| <input type="checkbox"/> Compressed hours  | <input type="checkbox"/> Homeworking     | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Prefer not to say |  |  |
- If other, please specify

## If You Have Any Caring Responsibilities, Please Tick All That Apply:

- Primary carer of a child/children (under 18)
- Primary carer of disabled child/children
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Secondary carer (another person carries out the main caring duties)
- Prefer not to say

**Please email this completed document, along with your application form to  
[k.bower@falcontrust.co.uk](mailto:k.bower@falcontrust.co.uk)**

**Thank you for your help with our Equality and Diversity monitoring**