

## Monitoring Data

*This information is used for monitoring and information purposes only, and does not form any part of the selection process.*

|  |  |                                 |                |                                      |  |
|--|--|---------------------------------|----------------|--------------------------------------|--|
| <b>How did you hear about this vacancy?</b>  |  |                                 |                |                                      |  |
|  |  |                                 |                |                                      |  |
| <b>Forename(s)</b>   |  |                                 | <b>Surname</b> |                                      |  |
|  |  |                                 |                |                                      |  |
| <b>Gender</b>  |  |                                 |                |                                      |  |
| Male <input type="checkbox"/>  |  | Female <input type="checkbox"/> |                | Transgender <input type="checkbox"/> |  |
| Prefer not to say <input type="checkbox"/>   |  |                                 |                |                                      |  |
| <b>Age</b>   |  |                                 |                |                                      |  |
| 16-24 <input type="checkbox"/>   |  | 25-34 <input type="checkbox"/>  |                | 35-44 <input type="checkbox"/>       |  |
| 45-54 <input type="checkbox"/>   |  | 55-64 <input type="checkbox"/>  |                | 65+ <input type="checkbox"/>         |  |
| <b>Ethnic Group</b>  |  |                                 |                |                                      |  |
| <i>Asian, Asian British</i>  |  |                                 |                |                                      |  |
| Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other (specify if you wish) <input type="checkbox"/>  |  |                                 |                |                                      |  |
| <i>Black, Black British</i>  |  |                                 |                |                                      |  |
| African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other (specify if you wish) <input type="checkbox"/>   |  |                                 |                |                                      |  |
| <i>Other ethnic group</i>  |  |                                 |                |                                      |  |
| Arab <input type="checkbox"/> Any other (specify if you wish) <input type="checkbox"/>   |  |                                 |                |                                      |  |
| <i>White</i>   |  |                                 |                |                                      |  |
| White British <input type="checkbox"/> Any other (specify if you wish) <input type="checkbox"/>  |  |                                 |                |                                      |  |
| <b>Your religion or belief</b>   |  |                                 |                |                                      |  |
| No Religion <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Any other (specify if you wish) <input type="checkbox"/>  |  |                                 |                |                                      |  |
| <b>Your sexual orientation</b>   |  |                                 |                |                                      |  |
| Bisexual <input type="checkbox"/> Gay man <input type="checkbox"/> Gay women/lesbian <input type="checkbox"/> Heterosexual straight <input type="checkbox"/>   |  |                                 |                |                                      |  |
| other (specify if you wish) <input type="checkbox"/> Prefer not to say <input type="checkbox"/>  |  |                                 |                |                                      |  |
| <b>Your Disability</b>   |  |                                 |                |                                      |  |
| The Equality Act 2010 protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities |  |                                 |                |                                      |  |
| Do you consider yourself to have a disability according to the term given in the DDA? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                                 |                |                                      |  |
| Physical impairment such as difficulty with arms or mobility which means using a wheelchair or crutches <input type="checkbox"/>   |  |                                 |                |                                      |  |
| Sensory impairment such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment <input type="checkbox"/>   |  |                                 |                |                                      |  |
| Mental Health Condition such as depression or schizophrenia <input type="checkbox"/>   |  |                                 |                |                                      |  |

Learning disability (such as Down's syndrome or dyslexia) or a cognitive impairment (such as autism or head injury)

Long-standing illness/health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy

Other, such as disfigurement (specify if you wish)

**Other details**

|  |             |
|--|-------------|
| In line with the Rehabilitation of Offender Act 1974 do you have any criminal convictions which would prelude you working with children or vulnerable If yes, please provide details | Yes /<br>No |
|--|-------------|

|  |             |
|--|-------------|
| Do you require a work permit? If yes, please provide details | Yes /<br>No |
|--|-------------|