

**EQUAL OPPORTUNITIES MONITORING FORM**

Leiths is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of gender, colour, race, nationality, marital or civil partnership status, religion or belief, sexual orientation, disability or age.

This form assists us in monitoring who is applying for employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce.

This form will be separated from your Application Form on receipt and will not be seen by the shortlisting panel.

We would be grateful if you would fill in this form and return it with your application. You are not obliged to answer all the questions, but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. Thank you for your assistance.

***Please complete in block capitals or typescript, ticking the boxes which most closely relate to you.***

|  |                                  |  |                                  |   |                                     |
|--|----------------------------------|--|----------------------------------|---|-------------------------------------|
| 1. Please state which job you have applied for and the date of your application.   |                                  |  |                                  |   |                                     |
| Job applied for:   |                                  |  |                                  |   |                                     |
| Date of application:   |                                  |  |                                  |   |                                     |
| 2. What is your gender? <i>If you are currently undergoing the process of gender reassignment, please tick your future gender.</i> |                                  |  |                                  |   |                                     |
| Male <input type="checkbox"/>  |                                  |  | Female <input type="checkbox"/>  |   |                                     |
| 3. What is your age?   |                                  |  |                                  |   |                                     |
| 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 or over <input type="checkbox"/> |
| 4. How would you describe your nationality and / or ethnicity?   |                                  |  |                                  |   |                                     |
| <b>White:</b>  |                                  |  |                                  |   |                                     |
| British – English, Scottish, or Welsh <input type="checkbox"/>   |                                  | Irish <input type="checkbox"/>                   |                                  | Any other white background <input type="checkbox"/> |                                     |
| <b>Black or Black British:</b>   |                                  |  |                                  |   |                                     |
| Caribbean <input type="checkbox"/>   |                                  | African <input type="checkbox"/>                 |                                  | Any other ethnic group <input type="checkbox"/>     |                                     |
| <b>Chinese or other ethnic group:</b>  |                                  |  |                                  |   |                                     |
| Chinese <input type="checkbox"/>   |                                  | Any other ethnic group <input type="checkbox"/>  |                                  |   |                                     |
| <b>Mixed race:</b>   |                                  |  |                                  |   |                                     |
| White and Black Caribbean <input type="checkbox"/>   |                                  | White and Black African <input type="checkbox"/> |                                  | White and Asian <input type="checkbox"/>            |                                     |
| Any other mixed background <input type="checkbox"/>  |                                  |  |                                  |   |                                     |
| <b>Asian or Asian British</b>  |                                  |  |                                  |   |                                     |
| Indian <input type="checkbox"/>  |                                  | Pakistani <input type="checkbox"/>               |                                  | Bangladeshi <input type="checkbox"/>                |                                     |
| Any other Asian background <input type="checkbox"/>  |                                  |  |                                  |   |                                     |

|  |  |                                  |
|--|--|----------------------------------|
| 5. How would you describe your sexual orientation? |  |                                  |
| Heterosexual <input type="checkbox"/>              | Bisexual <input type="checkbox"/>            | Lesbian <input type="checkbox"/> |
| Gay <input type="checkbox"/>                       | I prefer not to say <input type="checkbox"/> |                                  |

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| 6. How would you describe your religion? |
| My religion is:                          |
| I am not religious:                      |
| I prefer not to say:                     |

The Equality Act defines a disability as a “physical or mental impairment” which “has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities”. An effect is long-term if it has lasted, or is likely to last, over 12 months or for the rest of the life of the person affected.

|   |                                     |
|---|-------------------------------------|
| 7. Do you consider yourself to have a disability as defined under the Equality Act? |                                     |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/>         |
| I used to have a disability but have now recovered <input type="checkbox"/>         | Don’t know <input type="checkbox"/> |

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| 8. If you answered “Yes” to question 7, please give brief details of your condition. |
| <br><br><br><br><br><br><br><br><br><br>   |

If you answered “Yes” to question 7 and you wish to request any reasonable adjustments to the selection process and/or working arrangements, please contact the School’s Human Resources Department.

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| 9.      | For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to Leiths processing the data supplied above in connection with monitoring compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files. |
| Signed: |  |
| Dated:  |  |

Please submit this form with your Application Form/CV, Overseas Check form and covering letter.