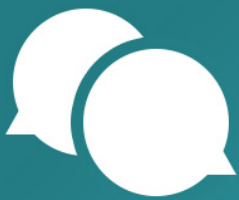


Equalities Monitoring



**Interaction &
Communication**

Academy Trust

Providing Opportunities, Inspiring Success

1. Equalities monitoring

We're 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 need to know the information requested below.

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

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

How would you describe your ethnic origin?		
<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <p>Asian or British Asian</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese	<p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background <p>Mixed</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	<p>Other Ethnic groups</p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say

Which of the following best describes your sexual orientation?

- Bisexual
- Heterosexual/straight
- Homosexual man
- Homosexual woman
- Other
- Prefer not to say

What is your religion or belief?

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Jain | <input type="checkbox"/> Other |
| <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"/> Hindu | | |

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