CONFIDENTIAL



MODEL RECRUITMENT MONITORING INFORMATION FORM

THE INFORMATION PROVIDED BY YOU WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND WILL NOT SUPPLEMENT OR FORM PART OF YOUR APPLICATION, THE SELECTION CRITERIA USED OR THE SELECTION PROCESS GENERALLY.

You are not obliged to complete this form but, if you do so, the information you provide will help us to consider if we are succeeding in attracting candidates from diverse backgrounds and also help us to fulfil our duties under the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation, to promote and advance equality of opportunity and to foster good relations between people who share a relevant "protected characteristic" and those who do not.

Role applied for:						
AGE						
16−25 □	26 – 35		36 – 45		46 – 55	
56−65 □	65 +	☐ Prefer no	t to say			
GENDER						
My gender is:		or: I Prefer	not to say			
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Р	а	g	е	2

ETHNIC ORIGIN								
I would	I would describe my ethnic origin as:							
1.	White							
British		English		Scottish		Welsh		
Irish		European		Non-European				
Any otl	her Whit	te background (p	olease sp	ecify):				
2.	Black o	or Black British						
African		Caribbo	ean					
Any otl	her Blac	k background (pl	ease spe	ecify):				
3.	Mixed	Background						
White	and Asia	ın 🗆	White	and Black Asian		White and Black	k Caribbean	
Any otl	her mixe	ed background (p	olease sp	ecify):				
4. Asian and Asian British								
Bangla	deshi 🗆	Indian		Pakistani				
Any other Asian background (please specify):								
5. Chinese and Chinese British								
Chines	e							
Any other Chinese background (please specify):								
6.	Other	ethnic group						
Please specify:								
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							Page 3
7.	Prefer	not to say 🛚					
RELIG	ION						
I would	d describ	e my religion as	:				
None		Catholic		Other Christian		Buddhist	
Hindu		Jewish		Muslim		Sikh	
Any ot	her (plea	ase specify):					
DISAB	ILITY						
term a	dverse	effect on a pers	son's ab	lysical or mental impairn ility to carry out norma clude HIV, cancer, multip	al day to	day activities.	Some specific
Do you	ı have a d	disability, long-to	erm illne	ess (mental or physical), a	and/or o	n-going medical	condition that

we should be aware of:

Yes:

No: □