

Recruitment Monitoring in Employment

MONITORING JOB APPLICANTS FORM - SCHOOLS

All applicants for jobs must complete this monitoring form to enable us to fulfil responsibilities placed upon us under legislation in relation to the monitoring of applicants by racial group and to assist us in the elimination of unlawful discrimination, the promotion of equality of opportunity and good race relations between people of different racial groups.

Please return this form **WITH** your completed application form to the address given in the advertisement or with the job details.

This information will be treated as strictly confidential and will only be used for monitoring purposes. Details will not be available to members of the Selection Panel.

DETAILS OF POST APPLIED FOR

School/Establishment: Post title

Job Ref: Grade:
(if known)

1. NAME (BLOCK CAPITALS) 		3. PLEASE TICK THE BOX WHICH BEST DESCRIBES YOUR ETHNIC/CULTURAL/RACIAL ORIGIN <div style="border: 1px solid black; padding: 2px;"> a White <input type="checkbox"/> British <input type="checkbox"/> Irish Any other White background (please write in) </div> <div style="border: 1px solid black; padding: 2px;"> b Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian Any other Mixed background (please write in) </div> <div style="border: 1px solid black; padding: 2px;"> c Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi Any other Asian background (please write in) </div> <div style="border: 1px solid black; padding: 2px;"> d Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African Any other Black background (please write in) </div> <div style="border: 1px solid black; padding: 2px;"> e Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please write in) </div>		4. DO YOU HAVE A DISABILITY OR ARE YOU A DEAF PERSON <input type="checkbox"/> YES (Please see definition below) <input type="checkbox"/> NO															
2. I AM (Please tick the appropriate box) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">MALE</td> <td style="width: 50%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">FEMALE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>	5. HOW DID YOU FIND OUT ABOUT THIS JOB? (Please complete appropriate box) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">National Newspaper / Journal (Please specify)</td> <td style="width: 50%; text-align: center; padding: 2px;">Local Newspaper / Journal (Please specify)</td> </tr> <tr> <td style="height: 80px;"></td> <td style="height: 80px;"></td> </tr> <tr> <td style="text-align: center; padding: 2px;">Internal Circular</td> <td style="text-align: center; padding: 2px;">Internet</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;">or Other (eg. Jobs Bulletin or Fair)</td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>		National Newspaper / Journal (Please specify)	Local Newspaper / Journal (Please specify)			Internal Circular	Internet			or Other (eg. Jobs Bulletin or Fair)			
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THANK YOU FOR YOUR ASSISTANCE.
YOUR CO-OPERATION WILL HELP
PROMOTE EQUALITY OF OPPORTUNITY

The disability Discrimination Act 1995 defines a disabled person as:

'A person with a physical (including sensory) or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities'. Or someone who has had such a disability but is now recovered. Or someone with a severe disfigurement.

