

# Monitoring Equality and Diversity in Employment



This section of the application form will be detached from your application form and will be used solely for monitoring purposes and for verification of identity; we will not make this information available to those involved in the selection process for the job you are applying for.

Samuel Whitbread Community College recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We have an Equal Opportunities Policy which aims to make sure that we treat everyone fairly.

To help us monitor this policy, please answer the questions below. In order for your application to be considered completion of Section A is required. Completion of Section B is at your discretion.

SECTION A		
<b>Your Full Name:</b>	<b>Title:</b>	<b>Date of Birth:</b>
<b>Gender:</b> <i>(Please specify)</i>	<b>National Insurance Number:</b>	
<b>Other names you have been known by:</b>		
<b>Please state where you saw this post advertised:</b>		

SECTION B				
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**a) Ethnic Classification Which of the following groups do you feel best describes your ethnic origin?**

<b>Asian/Asian British</b>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian background <i>(Please specify)</i>
<b>Black/Black British</b>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	<i>(Please specify background)</i>
<b>Chinese or other Ethnic</b>	Chinese <input type="checkbox"/>	Any other Ethnic group <input type="checkbox"/>		<i>(Please specify Ethnic Group)</i>
<b>Mixed</b>	White and Black Caribbean <input type="checkbox"/>	White and Black African <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Other Mixed background <i>(Please specify)</i>
<b>White</b>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Any other Mixed background <input type="checkbox"/>	<i>(Please specify background)</i>

**b) Disability The Disability Discrimination Act defines disability as ‘a physical or mental impairment which has a substantial and long term effect on the person’s ability to carry out day to day activities’.**

<b>Do you consider yourself to have a disability under the Disability Discrimination Act 1995?</b> <i>(Please select Yes/No as appropriate)</i>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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