



Part two

Diversity monitoring form

Your Name:	
Job Applied For:	

The following information is needed to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you.

The Diversity Monitoring form will not be seen by the selection panel. It will be detached and the information used for monitoring purposes only.

Data Protection Act 1998

The data collected in this form will only be used for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

Your gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other, please specify:
-------------------------------	---------------------------------	---

Your date of birth:	
----------------------------	--

Your age category:

<input type="checkbox"/> 0-15 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 65-74 years
<input type="checkbox"/> 16-24 years	<input type="checkbox"/> 45-64 years	<input type="checkbox"/> 75+ years

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do or you have been diagnosed with a condition such as HIV, cancer, multiple sclerosis which is deemed to be covered from point of diagnosis rather than from when the condition may affect ability to carry out normal day to day activities.

<input type="checkbox"/> Yes – please specify below (tick all that apply):	<input type="checkbox"/> No
<input type="checkbox"/> Deaf/hard of hearing/acute hearing	
<input type="checkbox"/> Blind/partially sighted/sensitive to light	
<input type="checkbox"/> Learning disability or difficulty	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Progressive/chronic illness (e.g. MS, cancer)	
<input type="checkbox"/> Mobility difficulties	
<input type="checkbox"/> Other (please specify):	

Your sexual orientation (please tick one only):

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Prefer not to say	

Your religion/belief (please tick one box only):

<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist
<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify):	

Your ethnicity (please tick one box only):

<input type="checkbox"/> WHITE	<input type="checkbox"/> British	<input type="checkbox"/> Irish Traveller
	<input type="checkbox"/> Romany/Gypsy	
<input type="checkbox"/> Other White background (please specify):		

<input type="checkbox"/> BLACK	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other Black background (please specify):		

<input type="checkbox"/> ASIAN	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi	
<input type="checkbox"/> Other Asian background (please specify):		

<input type="checkbox"/> CHINESE	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Other Chinese background (please specify):		

<input type="checkbox"/> MIXED	<input type="checkbox"/> White & Black African	
	<input type="checkbox"/> White & Black Caribbean	
	<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Chinese
<input type="checkbox"/> Other Mixed background (please specify):		

<input type="checkbox"/> OTHER	<input type="checkbox"/> Any other background (please specify):	
---------------------------------------	---	--

Your national identity (please tick one box only):

<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> British
<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Other (please specify):

Disability

We guarantee to interview any applicant with a disability, who meets the requirements of the post. Do you consider yourself to have a disability? (Please refer to the Application Guidance)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Where did you see this role advertised? (Please tick one box only):

<input type="checkbox"/> Hereford Journal	<input type="checkbox"/> Hereford Times
<input type="checkbox"/> The Hereford Academy website	<input type="checkbox"/> Herefordshire Council website
<input type="checkbox"/> Eteach	<input type="checkbox"/> TES – paper/website
<input type="checkbox"/> Job Centre	<input type="checkbox"/> Other – please state:

New Deal and other opportunities

Are you applying as a New Deal applicant? (please tick):

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------