

STRICTLY PRIVATE AND CONFIDENTIAL
KIBBLE
EQUALITY AND DIVERSITY MONITORING FORM

Kibble wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, and therefore we would ask that you complete the following questionnaire. This information is used **only** for monitoring purposes and is not part of the selection process. Information provided will be stored on a computerised database for statistical analysis and controlled in accordance with current General Data Protection Regulation.

Post(s) Applied For	
Title & Full Name	

WHAT IS YOUR ETHNICITY?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White	Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> English <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> British <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other white background, please write in:
Mixed/Multiple Ethnic Groups	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other mixed background, please write in:
Asian/Asian British	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other Asian background, please write in:
Black/African/Caribbean/Black British	African <input type="checkbox"/> Caribbean <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other Black/African/Caribbean background, please write in:
Other Ethnic Group	Arab <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other ethnic group, please write in:
Religion or Belief	No religion or belief <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If other religion or belief, please write in:
Gender	Man <input type="checkbox"/> Woman <input type="checkbox"/> Intersex <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If you prefer to use your own term, please specify here:
Sexual Orientation	Heterosexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If you prefer to use your own term, please specify here:
Age	16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Marital Status	Are you married or in a civil partnership? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>

<p>Do you have caring responsibilities? If yes, please tick all that apply</p>	<p>None <input type="checkbox"/> Primary carer of a child/children (under 18) <input type="checkbox"/> Primary carer of disabled child/children <input type="checkbox"/> Primary carer of disabled adult (18 and over) <input type="checkbox"/> Primary carer of older person <input type="checkbox"/> Secondary carer (another person carries out main role) <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p>
<p>Do you require a work permit?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you consider yourself to have a disability or health condition?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/></p> <p>What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:</p> <p>The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.</p>	
<p>Where did you learn of this vacancy? (please give name of publication/individual):</p>	
<p>Are you connected in any way to any present or past pupils or employees of Kibble? If yes, please give name of pupil or employee and nature of relationship.</p>	

Thank you for your co-operation. Please return this form with your application.