

Equality Monitoring Form

We would be grateful if you would complete the following in order for us to monitor equalities information and ensure that we are treating all candidates fairly and appropriately.

This information will be treated confidentially and will not be used in any part of the selection process.

**School/
Children's
Centre:**

**Post applying
for:**

Name:

Date of Birth:

Gender: Male Female

Nationality: British Irish
 Other EU country Other Non EU country

Ethnicity:

Please indicate your ethnic origin:

- | | | |
|---|---|---|
| A White | B Mixed | C Asian & Asian British |
| <input type="checkbox"/> British | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Other White background * | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Bangladeshi |
| | <input type="checkbox"/> Other Mixed background * | <input type="checkbox"/> Other Asian background * |
| D Black & Black British | E Chinese or other group | |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese | <input type="checkbox"/> I do not wish to disclose
my ethnic origin to
Hampshire County Council |
| <input type="checkbox"/> African | <input type="checkbox"/> Any other background * | |
| <input type="checkbox"/> Other Black background * | | |

* Please indicate any other ethnic background:

Sexual Orientation:

Please indicate your sexual orientation:

- Heterosexual Transsexual Bisexual
 Gay Lesbian Other
 I do not wish to disclose my sexual orientation to Hampshire County Council

Disability

Disability is described by the Equality Act 2010 as a physical or mental impairment that has a substantial long term adverse effect on an individual's ability to carry out normal day to day activities.

Applications from disabled people are welcome. We will ensure that appropriate support is provided where required, both in the recruitment and selection process, and during employment.

Do you consider yourself to have a disability?

- Yes No I do not wish to disclose my disability data to Hampshire County Council

Thank you for completing this form.

Please return in a sealed envelope with your application form stating your name, post applying for and the School/ Children's Centre.

The above information will not be shared with the selection panel prior to interview. This information will be retained, confidentially, and used for monitoring purposes.