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|   |  **EQUALITY AND DIVERSITY** **MONITORING FORM** |
|  |
|   | **Office Ref.** |  |
| **EQUALITY AND DIVERSITY DETAILS** |
| The WQE & Regent College Group is committed to the equality of opportunity, recognising and actively promoting the benefits of a diverse workforce, treating all employees with dignity and respect regardless of age, disability, sex, sexual orientation, gender reassignment, race, religion or belief, marital status, pregnancy and maternity or any other irrelevant factor. We would ask you to respond to this information request positively as it helps us to ensure that our policies and practices do not inadvertently discriminate. The information provided here is for monitoring purposes only, and will not be seen by those responsible for shortlisting. This form will be detached from your main application and dealt with separately, so all details you provide will remain confidential, in accordance with the Data Protection Act 1998. Please complete the form in full, placing a tick ( ✓ ) in the appropriate boxes.  |
| **APPLICATION FOR THE POST OF:** |  |
| **Please indicate how you** **learnt of this vacancy** | **Website name:** |  |
| **Other (please specify)** |  |
| **ETHNIC ORIGIN** |
| I would describe my ethnic/cultural origin as: |
| WHITE | MIXED | ASIAN or ASIAN BRITISH | BLACK or BLACK BRITISH | CHINESE or OTHER ETHNIC GROUP |
| British |  | White & Black Caribbean |  | Indian |  | Black Caribbean |  | Chinese |  |
| Irish |  | White & Black African |  | Pakistani |  | Black African |  | Other Ethnic Group |  |
| Other White |  | White & Asian |  | Bangladeshi |  | Other Black |  | Don’t Know |  |
|  | Other Mixed |  | Other Asian |  |  | Decline to answer |  |
|  |
| **GENDER** |
| My gender is: | Male |  | Female |  |  |
|  |
| **AGE** |
| My age group is: |  16-25 |  |  26-35 |  |  36-45 |  |  46-55 |  |  56 + |  |
|  |
| **DISABILITY** |
| “The Equality Act 2010 defines a person as having a disability for the purposes of the Act if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities”.  |
| Please indicate whether you consider yourself to have a disability. | Yes |  | No |  |
|  |
| **FOR COLLEGE USE ONLY** |
| This candidate was:(please place an **X** in the appropriate box) | SHORTLISTED | INTERVIEWED | APPOINTED |
|  |  |  |