



MODEL RECRUITMENT MONITORING INFORMATION FORM

THE INFORMATION PROVIDED BY YOU WILL BE USED FOR MONITORING AND STATISTICAL PURPOSES ONLY AND WILL NOT SUPPLEMENT OR FORM PART OF YOUR APPLICATION, THE SELECTION CRITERIA USED OR THE SELECTION PROCESS GENERALLY.

You are not obliged to complete this form but, if you do so, it will help us to fulfil our duties under the Equality Act 2010 to eliminate unlawful discrimination, harassment and victimisation, to promote and advance equality of opportunity and to foster good relations between people who share a relevant “protected characteristic” and those who do not. “Protected characteristics”, as defined by the Equality Act 2010, are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Post title:	School:
Date of birth:	

1. GENDER

Male

Female

2. COUNTRY OF BIRTH

My country of birth is:

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3. ETHNIC ORIGIN

I would describe my ethnic origin as:

<p>1. White</p> <p>British <input type="checkbox"/></p> <p>English <input type="checkbox"/></p> <p>Scottish <input type="checkbox"/></p> <p>Welsh <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other White background (please specify)</p>	<p>4. Asian, Asian British, Asian English, Asian Scottish or Asian Welsh</p> <p>Bangladeshi <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Any other Asian background (please specify)</p>
<p>2. Black, Black British, Black English, Black Scottish or Black Welsh</p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Any other Black background (please specify)</p>	<p>5. Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh</p> <p>Chinese <input type="checkbox"/></p> <p>Any other Chinese background (please specify)</p>
<p>3. Mixed</p> <p>White & Asian <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Black Caribbean <input type="checkbox"/></p>	<p>6. Other ethnic group</p> <p>Other ethnic group (please specify)</p>

Any other Mixed background
(please specify)

4. RELIGION

I would describe my religion as:

- None
- Catholic
- Other Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other

5. DISABILITY

The legal definition of disability is 'a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'. Some specific conditions deemed to be disabilities include HIV, cancer, multiple sclerosis and severe disfigurements.

Do you have a disability, long-term illness (mental or physical), on-going medical condition or treatment that we should be aware of?

Yes:

No:

6. Data Protection And Privacy

1. In compliance with the legal requirements for processing personal data, we wish to ensure that you are aware of the purposes for which we have requested your personal information and how it will be processed. The relevant legislation with which we are required to comply are:
 - a. The General Data Protection Regulation (GDPR)
 - b. The Data Protection Act 2018 (when it becomes effective).

2. The information that you provide on this form is voluntary and there is no legal requirement to provide the same. However as stated above, if you are able to provide this information, it will enable us **[INSERT NAME AND ADDRESS OF SCHOOL AND STATE WHETHER VA, ACADEMY, INDEPENDENT ETC. IF YOU ARE PART OF A MULTI ACADEMY TRUST (MAT) STATE THE REGISTERED NAME OF THE ACADEMY TRUST COMPANY AND STATE THAT THE ACADEMY TRUST COMPANY IS THE DATA CONTROLLER AND EXPLAIN THAT THE SCHOOL IS PART OF THE ACADEMY TRUST COMPANY]** (the Data Controller) to fulfil our duties under the Equality Act 2010, namely for statistical and equal opportunity monitoring purposes.

3. As part of our duties under the Equality Act 2010 we will share the information you provide with **[INSERT APPLICABLE PARTIES]** as part of **[SET OUT THE PURPOSE OF SHARING THE DATA EG. RETURN OR AUDIT ETC.]**.

4. In addition and as a Catholic Education provider and we work closely with **[INSERT NAME OF DIOCESE, RELIGIOUS ORDER WHERE APPLICABLE OR OTHER RELEVANT THIRD PARTY]** with whom we will share the information you provide on this form. The reason/purpose for this is to enable part of its role in supporting its schools and exercising the Bishop's and Trustees responsibilities (including oversight of its provision).

5. The Data Protection Officer for the **[INSERT NAME OF SCHOOL/ACADEMY TRUST COMPANY]** and they can be contacted by emailing **[ENTER EMAIL ADDRESS]**. Further details can be found on our website at **[INSERT WEBSITE ADDRESS OF THE SCHOOL/ACADEMY TRUST COMPANY]**

6. We will not share your personal data with any other third party than those you consent to, unless required to do so pursuant to a legal requirement.

7. We shall retain the information you have provided on this form, for a period of 6 months to enable the equal opportunity monitoring to take place.

8. To read about your individual rights and/or to complain about how we have collected and processed the information you have provided on this form, you can make a complaint to our organisation by **[INSERT DETAILS OF SCHOOL/ACADEMY COMPLAINTS PROCEDURE]**. If you are unhappy with how your complaint has been handled you can contact the Information Commissioners Office via their website at: ico.org.uk

Consent

You are not required to provide the information requested on this form. If you do provide the information, please cross the boxes to confirm which processing you consent to the **[SCHOOL/ACADEMY TRUST COMPANY]** undertaking. Please note that you will be able to withdraw your consent to any of the points below at any time by **[INSERT HOW CONSENT CAN BE WITHDRAWN]**.

- I have read and understood the above statement on Data Protection and Privacy.

- I consent to the personal data I have provided on this form being held by the **[FULL NAME OF SCHOOL/ACADEMY TRUST COMPANY]** for the purposes of complying with their Equality Act 2010 duties.

- I consent to the personal data I have provided on this form being shared with **[LIST THE PARTIES MENTIONED AT PARA 3]**.

Signature:

Date: