

Diversity Monitoring Form



This form should be emailed separately along with your application for employment.

Pennine Magpie aims to be an Equal Opportunities employer. In order to monitor the effectiveness of our equal opportunities policy and procedures, all applicants are asked to complete the following questions. This form will be removed before your application is sent for short listing and will be kept strictly confidential. This information will not be reproduced in any way that enables individuals to be identified. It is important that you complete this form and return it with your application.

Your full name:																									
Post applied for:																									
How did you hear about this vacancy?																									
Gender (male/female):																									
Nationality:																									
Age range (highlight the right range):	<table border="0"> <tr> <td><18</td> <td><input type="checkbox"/></td> <td>18-24</td> <td><input type="checkbox"/></td> <td>25-29</td> <td><input type="checkbox"/></td> <td>30-34</td> <td><input type="checkbox"/></td> </tr> <tr> <td>35-39</td> <td><input type="checkbox"/></td> <td>40-44</td> <td><input type="checkbox"/></td> <td>45-49</td> <td><input type="checkbox"/></td> <td>50-54</td> <td><input type="checkbox"/></td> </tr> <tr> <td>55-59</td> <td><input type="checkbox"/></td> <td>60-64</td> <td><input type="checkbox"/></td> <td>65+</td> <td><input type="checkbox"/></td> <td>prefer not to say</td> <td><input type="checkbox"/></td> </tr> </table>	<18	<input type="checkbox"/>	18-24	<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"/>
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55-59	<input type="checkbox"/>	60-64	<input type="checkbox"/>	65+	<input type="checkbox"/>	prefer not to say	<input type="checkbox"/>																		

Ethnicity (chosed by ticking one of the options below):

<p>White background</p> <p><input type="checkbox"/> English / Scottish / Welsh / Northern Irish / UK</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller background</p> <p><input type="checkbox"/> Any other White background, please describe:</p>	<p>Asian / Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background, please describe:</p>
<p>Black / African / Caribbean / Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black / African / Caribbean background, please describe:</p> <p>Prefer not to say <input type="checkbox"/></p>	<p>Mixed ethnic background</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed / Multiple ethnic background, please describe:</p>

What is Your Sexual Orientation?

- Gay Woman/Lesbian
- Gay Man
- Heterosexual
- Bisexual
- Prefer not to say

What is Your Religion or Belief?			
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
<input type="checkbox"/> Sikh	<input type="checkbox"/> Jewish	<input type="checkbox"/> Prefer not to say	
Any religion or belief not listed, please write in:			

Do You Have Caring Responsibilities? If Yes, Please Tick All Those Which Apply		
<input type="checkbox"/> None	<input type="checkbox"/> Primary carer or child/children under 18	<input type="checkbox"/> Primary carer of disabled child//children under 18
<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 the main caring role)
<input type="checkbox"/> Prefer not to say		

Disability

I have a disability (yes/no):	
Please disclose the nature of your disability below (at your discretion):	
What is the effect of your disability or health condition on your ability to give your best at work? Please write here:	
Please detail below what adjustments we need to make for you, if you are short listed to attend an interview:	

Data Protection Act:

Pennine Magpie will process and store all data in compliance with the Data Protection Act 1998. Please tick the box below to give your consent that the information you have given on this form, may be processed and stored in this way.

I consent to the information I have given being stored and processed as described above.

Name:		Date:	
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