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| **Private & Confidential**  **The Learning Tree Partnership**  **Equality Monitoring Form** | | | | | | | | |  |
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| The Learning Tree Partnership is committed to practicing equality of opportunity in the way we treat job applications, our employees and our customers. We aim to ensure that no direct or indirect discrimination occurs on the grounds of gender, colour, race, nationality, marital status, religion/belief, sexual orientation, disability or age.  This questionnaire is intended to assist us monitor the effectiveness of our Equal Opportunities Policy and to enable us to comply with the terms of the relevant discrimination legislation.  You are requested, but not obliged, to complete this questionnaire and return it with your application form.  **The information provided by you on this form will not be made available to the Selection Panel short-listing candidates for interview and will be used for monitoring purposes only.** | | | | | | | | | |
|  | | | | | | | | | |
| **General Information** | | | | | | | | | |
| Post applied for: |  | | | | | | | | |
| Where did you see the post advertised? | | | | | | | | | |
|  | | | | | | | | | |
| **Age & Gender** | | | | | | | | | |
| Date of Birth: |  | | Gender: | | Male 🞎 Female 🞎 Prefer not to say 🞎 | | | | |
| Which age group do you fall into? | | | 16-20 🞎 21-25 🞎 26-30 🞎 31-35 🞎 41-45 🞎 46-50 🞎  51-55 🞎 56-60 🞎 61-64 🞎 65+ 🞎 Prefer not to say 🞎 | | | | | | |
|  | | | | | | | | | |
| **Ethnic Origin** | | | | | | | | | |
| Please choose one section from A to E, then tick **one** box which **best describes** your ethnic group or background. | | | | | | | | | |
| **A – White** | | **B – Asian, Asian British** | | **C – Black, Black British** | | | **E – Mixed Ethnic Group** | **F - Other** | |
| 🞎 Scottish  🞎 English  🞎 Welsh  🞎 Irish  🞎 Other *please specify* | | 🞎 Pakistani  🞎 Indian  🞎 Bangladeshi  🞎 Chinese  🞎 Other *please specify* | | 🞎 African  🞎 Caribbean  🞎 Other *please specify* | | | 🞎 Please specify | 🞎 Please specify | |
| 🞎 Prefer not to say | |
|  | | | | | | | | | |
| **Sexual Orientation** | | | | | | | | | |
| How would you describe your sexual orientation? | | | | | | Heterosexual 🞎 Gay Man 🞎 Gay Woman 🞎  Bisexual 🞎 Prefer not to say 🞎 | | | |
|  | | | | | | | | | |
| **Religion** | | | | | | | | | |
| Do you have religious beliefs? | | | Yes 🞎 No 🞎 Prefer not to say 🞎 | | | | | | |
| If yes, how would you describe them? | | |  | | | | | | |
|  | | | | | | | | | |
| **Disability** | | | | | | | | | |
| Do you consider yourself to have a disability? | | | | | | Yes 🞎 No 🞎 Prefer not to say 🞎 | | | |