

Equal Opportunity Form

Our Lady of Sion is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the on the grounds of gender, colour, race, nationality, marital or civil partnership status, religion or belief, sexual orientation, gender reassignment, disability or age.

This form assists us in monitoring who is applying for employment with us, our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce. These objectives comply with the requirements of the Equality Act 2010.

Telling us the following details about yourself is your decision and is voluntary. This sheet will be separate from your application form.

We would be grateful if you would complete this form and return it with your completed Application Form as a separate document. You are not obliged to answer all the questions but the more information you supply, the more effective our monitoring will be. The information you provide will be used solely for monitoring purposes. It will be kept securely and not opened until the recruitment process is complete. The School will process personal data in accordance with its Data Protection Policy and Privacy Notices.

Thank you for your assistance.

Job applied for								
Date of application								
Where did you hear about the job for which you have applied?								
What is your gender	Male Female Prefer not to say							
If you are currently undergoing the process of gender reassignment, please specify your future gender								
Is your age between (please tick)?	16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>
	55-64	<input type="checkbox"/>	65 or over	<input type="checkbox"/>				
How would you describe your nationality and / or ethnicity (please tick)	Prefer not to say							
White	British - English, Scottish or Welsh Irish Any other white background							
Black or Black British	Caribbean African Any other Black background							

Mixed race	White and Black Caribbean White and Black African White and Asian Any other mixed background
Asian or Asian British	Indian Pakistani Bangladeshi Any other Asian background
Chinese or other ethnic group	Chinese Any other ethnic group
How would you describe your sexual orientation?	Heterosexual Bisexual Homosexual/Gay/Lesbian Other Prefer not to say
How would you describe your religion?	My religion is _____ I am not religious Prefer not to say
The Equality Act defines a disability as 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". An effect is long-term if it has lasted, or is likely to last, over 12 months or for the rest of the life of the person affected.	
Do you consider yourself to have a disability as defined under the Equality Act?	Yes No I used to have a disability but have now recovered Don't know
If you answered "Yes" to this question, please give brief details of your condition	
Signed Dated	