Equality and Monitoring Form

CoelgauCymru is committed to ensuring that every applicant is treated fairly, irrespective of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are the 'protected characteristics' defined in the Equality Act 2010.

Why we are asking for this information

Completion of this form is voluntary, doing so helps us to monitor our equal opportunities policy and performance, and ensures that all applicants are treated fairly.

The information provided will be processed by ColegauCymru, in accordance with the relevant data protection legislation. Data will be processed and kept for internal purposes only to measure and monitor the effectiveness of the organisation’s equality and diversity policy and procedures in recruiting. Data will be treated with the strictest confidence.

If you require this form in another language or format, or need assistance in completing the form, please contact [HR@colegaucymru.ac.uk](mailto:HR@colegaucymru.ac.uk)

Post Applied For: …....................................................................................

Date of Application: …....................................................................................

1. How would you describe your ethnic origin? *(Please check relevant box)*

|  |  |
| --- | --- |
| White | Gypsy or Irish Traveller |
| Mixed / Multiple Ethnic Groups | Arab |
| Asian | Other, please specify ….................................... |
| Black / African / Caribbean | Prefer not to say |

1. How would you describe your national identity? *(Please check relevant box)*

|  |  |
| --- | --- |
| British | Northern Irish |
| Welsh | Irish |
| English | Other, please specify ….............................. |
| Scottish | Prefer not to say |

1. What is your age range? *(Please check relevant box)*

|  |  |  |
| --- | --- | --- |
| 18-24 | 25-34 | 35-44 |
| 45-54 | 55-64 | 65 and over |
| Prefer not to say |  |  |

1. What is your gender? *(Please check relevant box)*

|  |  |
| --- | --- |
| Male | Female |
| Other | Prefer not to say |

1. What is your sexual orientation? *(Please check relevant box)*

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual | Bisexual | Lesbian / Gay Woman | Gay Man |
| Other, please specify ……………………………. | | Prefer not to say | |

1. What is your religion or belief? *(Please check relevant box)*

|  |  |  |
| --- | --- | --- |
| Buddhist | Christian | Hindu |
| Jewish | Muslim | Sikh |
| Other, please specify  ……………………………………………… | No Religion | Prefer not to say |

1. Do you consider yourself to have a disability? *(Please check relevant box)*

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |

I do not wish to provide any of the information requested in this form.

Thank you