

## Recruitment Monitoring Form

BTO wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained anonymously by the BTO purely for recruitment equality and diversity monitoring. By completing this you are consenting for your data to be used in accordance with the Data Protection Act. It will be treated confidentially at all times and be stored securely and limited to staff in the organisation's Human Resources section.

**Completing this form is voluntary.**

Application for the post of:

<b>Gender/Gender Identity</b>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
<b>Age</b>	16-24 <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"/>		

**Do you consider yourself to have a disability?**  
 Disability is defined as "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"

Yes     No     Prefer not to say

**Ethnic Origin**  
 Please select from the UK census categories listed below the one grouping which you identify most closely

White	Mixed/Multiple Ethnic Group	Asian/Asian British	Black/ African/ Caribbean/ Black British	Other ethnic group
English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other White background <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/ African/ Caribbean background <input type="checkbox"/>	Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> <hr/> Prefer not to say <input type="checkbox"/>

**Thank you for taking the time to complete this form**