



# Wellspring Academy Trust Equal Opportunities Monitoring Form HR4B

The Wellspring Academy Trust is committed to Equality of Opportunity in Employment. By collecting this information, we are able to ensure that our policies and systems are objective and fair. In order to monitor the effectiveness of our recruitment please complete this section.

|                |  |
|----------------|--|
| Name:          |  |
| Date of birth: |  |

### Ethnicity

*Please tick the relevant box*

White

|                          |   |                      |
|--------------------------|---|----------------------|
| <input type="checkbox"/> | British                                   |                      |
| <input type="checkbox"/> | English                                   |                      |
| <input type="checkbox"/> | Scottish                                  |                      |
| <input type="checkbox"/> | Welsh                                     |                      |
| <input type="checkbox"/> | Irish                                     |                      |
| <input type="checkbox"/> | Any other White background (please state) | <input type="text"/> |

Asian

|                          |   |                      |
|--------------------------|---|----------------------|
| <input type="checkbox"/> | British                                   |                      |
| <input type="checkbox"/> | Bangladeshi                               |                      |
| <input type="checkbox"/> | Indian                                    |                      |
| <input type="checkbox"/> | Pakistani                                 |                      |
| <input type="checkbox"/> | Any other Asian background (please state) | <input type="text"/> |

Black

|                          |   |                      |
|--------------------------|---|----------------------|
| <input type="checkbox"/> | British                                   |                      |
| <input type="checkbox"/> | African                                   |                      |
| <input type="checkbox"/> | Caribbean                                 |                      |
| <input type="checkbox"/> | Any other Black background (please state) | <input type="text"/> |

Mixed

|                          |   |                      |
|--------------------------|---|----------------------|
| <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 (please state) | <input type="text"/> |

Chinese

Any other Nationality

**Religion**

*Please tick the relevant box*

|   |                          |   |
|---|--------------------------|---|
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> |   |
| Buddhist  | <input type="checkbox"/> |   |
| Hindu   | <input type="checkbox"/> |   |
| Muslim  | <input type="checkbox"/> |   |
| Sikh  | <input type="checkbox"/> |   |
| Jewish  | <input type="checkbox"/> |   |
| Prefer not to say   | <input type="checkbox"/> |   |
| None  | <input type="checkbox"/> |   |
| Other (please state)  | <input type="checkbox"/> | <input style="width: 100%; height: 20px;" type="text"/> |

**Gender**

*Please tick the relevant box*

Male

Female

Prefer not to say

Have you ever identified as transgender?

Yes  No  Prefer not to say

**Sexual Orientation**

*Please tick the relevant box*

Bisexual

Gay man

Gay woman / Lesbian

Heterosexual

Others

Prefer not to say

**Marriage and civil partnership**

*Please tick the relevant box*

- Single
- Married / in a registered same sex civil partnership
- Separated, but still legally married / in a registered same sex civil partnership
- Divorced / formerly in a same-sex civil partnership which is legally dissolved
- Widowed / surviving partner from a same-sex civil partnership
- Prefer not to say

**Disability**

*Please tick the relevant box*

Do you consider yourself to have a disability?

Yes  No  Prefer not to say

If yes, please give brief details:

**Age**

*Please tick the relevant box*

16-17  18-19  20-24  25-29  30-34  35-39

40-44  45-49  50-54  55-59  60-64  65+

Prefer not to say

**Thank you for your help.**