

# Monitoring information

We would be grateful if you could complete and return this form. This form will help GDA understand better the types of people applying for each vacancy so that we can identify trends and review our recruitment processes. The monitoring form is voluntary and we are sensitive to the discrimination which people may have experienced in the past by disclosing personal information. We can offer reassurance that the information you provide will not be cross referenced with your application and will simply allow us to monitor the effectiveness of our equal opportunities policy. The monitoring form is detached from the application form when we receive it and has no part in the short listing process.

All equal opportunities monitoring forms ask people to put themselves in categories. We recognise that not everyone will agree on which categories should be used in a form like this.

 **It is important that people are not compelled to disclose information which they would prefer to keep private.**

In creating this monitoring form, we have tried to take all of these issues into account as far as possible and respect your rights not to complete the form. However, if you feel able to return this, it will help us to analyse gaps in our recruitment and take action to counter this.

Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box, or write your answer where relevant.

## A. Your age

|  |  |
| --- | --- |
| 16 - 24 |  |
| 25 - 34 |  |
| 35 - 44 |  |
| 45 - 54 |  |
| 55 - 64 |  |
| 65+ |  |
| Prefer not to say |  |

## B. Disability

## Do you consider yourself to be a disabled person?

The Equality Act 2010 defines as disabled person as someone with a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities.

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

## How would you describe your disability or impairment?

If you have answered yes in section B, and would like to share any information about the type of impairment or condition you identify with – e.g. learning difficulty, autism, physical impairment, Deaf, Hard of Hearing, Visual Impairment, wheelchair user, mental health condition, etc. please use the space below to describe your disability or impairment in your own terms.

This is entirely optional. There is a separate form to inform us of any reasonable adjustments you may require if selected for interview.

|  |
| --- |
|  |
| Or prefer not to say |  |

## C. Ethnicity

## How would you describe your ethnicity?

Please use the space below to describe your ethnicity in your own terms.

|  |
| --- |
|  |
| Or prefer not to say |  |

## D. Gender

## How would you describe your gender?

Please use the space below to describe your gender in your own terms.

|  |
| --- |
|  |
| Or prefer not to say |  |

## Do you consider yourself to be transgender?

A transgender person is an individual who does not identify with the sex they were assigned at birth.

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

## E. Your sexual orientation

## Do you consider yourself to be part of the LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and more) community?

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

## How would you describe your sexual orientation?

Please use the space below to describe your sexual orientation in your own terms.

|  |
| --- |
|  |
| Or prefer not to say |  |

## F. Your religion or belief

Which religion/s or belief/s do you most identify with? Please use the space below to describe in your own terms.

|  |
| --- |
|  |
| I don’t identify with a religion or belief system |  |
| Or prefer not to say |  |