

Recruitment Monitoring Form Strictly Confidential

The Staffordshire University Academies Trust is committed to ensuring that job applicants are treated fairly and consistently and that no one is disadvantaged or discriminated against. Information collected via recruitment monitoring helps the Trust to fulfil this commitment and assists in the development and evaluation of employment policy.

Staffordshire University Academies Trust is committed to protecting the privacy and rights of anyone who chooses to share their personal data with us.

Under data protection law, individuals have a right to be informed of how we use any personal data we hold about them. We comply with this right by providing 'privacy notices' to individuals where we are processing their personal data. A copy of the Privacy Notice for Job Applicants can be found by visiting www.suatrust.co.uk.

When you apply for a position with the Trust, you can provide us with data which is specified under the UK General Data Protection Regulation as Special Category Data, which is data that could be considered particularly sensitive. This means that, under the UK GDPR, we must have a lawful basis for processing this data and have obligations to keep this data secure. We collect special category data in order to fulfil our legitimate interests as a public organisation, where we have a legal obligation to process this data or where we have consent.

The Trust requires your consent to collect the data specified on the Recruitment Monitoring Form as:

- Ethnic origin
- Religion
- Sexual orientation

Providing this data is not obligatory, however, should you wish to provide this data for the Trust, we require your consent. To provide your consent to our collecting of this data, please sign in the box entitled 'Consent' at the bottom of the page.

Should you wish to provide the information outlined above, this will be utilised in accordance with the Staffordshire University Academy Trust's Data Protection Policy and Compliant Records Management Policy. This data will be accessed by approved Academy personnel and stored in a secure manner physically and also electronically.

Should you wish to withdraw your consent at any time, please contact Hope Kirkham (hkirkham@suatrust.co.uk) to confirm the withdrawal of your consent. Upon the withdrawal of your consent to process data of this nature, no further processing will be undertaken. This form will be valid from the date in which it is signed, unless a withdrawal of consent is made. This data will be retained and deleted in accordance with the Trust's Compliant Records Management Policy.

If you have any queries or concerns in relation to the protection of data, please contact the Trust's Data Protection Officer via 01782 969465 / hkirkham@suatrust.co.uk.

Consent

I consent to providing data as to my ethnic origin, religion and sexual orientation, which will be utilised in accordance with the Trust's privacy notices and data protection policies.

Name: _____

Signed: _____

Date: _____

Person/Role Details

Full Name

Job Title

Location/Establishment

Pay Reference for this post (If known)

Equal Opportunities

As part of our equal opportunities policy we request that you complete the following information. This information is for monitoring purposes only. All information will be treated as confidential and will not be used when short-listing or deciding on whether an applicant is successful or unsuccessful in obtaining employment. The information you provide will help us to ensure that our recruitment procedures are fair by allowing us to identify and eliminate potential areas of discrimination.

Please indicate your ethnic origin:

Asian or Asian British – Bangladeshi	<input type="checkbox"/>	Asian or Asian British – Chinese	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>	Asian or Asian British – Other	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>	Black or Black British – African	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>	Black or Black British – Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Mixed Ethnic Group – White & Asian	<input type="checkbox"/>
Mixed Ethnic – White & Black African	<input type="checkbox"/>	Mixed Ethnic – White & Black Caribbean	<input type="checkbox"/>
Other Ethnic Origin - Arab	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
White – Welsh/English/Scottish/N.Ireland	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
White – Other	<input type="checkbox"/>	White – Gypsy/Irish Traveller	<input type="checkbox"/>

Other Ethnic Group: (Please state)

Please indicate your Religion/Belief:

Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	None	<input type="checkbox"/>
Other Religion (please state)	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Sikh	<input type="checkbox"/>		

Please provide your Date of Birth:

Please indicate your relevant Age Range:

16 – 17	<input type="checkbox"/>	18 – 24	<input type="checkbox"/>
25 – 29	<input type="checkbox"/>	30 – 39	<input type="checkbox"/>
40 – 49	<input type="checkbox"/>	50 – 59	<input type="checkbox"/>
60 – 64	<input type="checkbox"/>	65+	<input type="checkbox"/>

Please indicate your Sexual Orientation:			
Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	Lesbian/Gay woman	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other Sexual Orientation (please specify).....	

Please indicate your gender:			
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Non-Binary	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Other gender (please specify)			

Disability			
The Disability Discrimination Act (2010) defines a disabled person as someone with a 'physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities'.			
Do you consider yourself to have such a disability?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Please indicate what type of disability you have			
Do not wish to specify	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Learning Difficulties	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Long standing illness or health condition	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>
Mental illness	<input type="checkbox"/>	Mobility Impairment	<input type="checkbox"/>
Other	<input type="checkbox"/>	Physical Co-Ordination difficulties	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>	Reduced physical capacity	<input type="checkbox"/>
Sensory impairment	<input type="checkbox"/>	Speech Impairment	<input type="checkbox"/>
Visual impairment (Not corrected by Spectacles or contact lenses)	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>