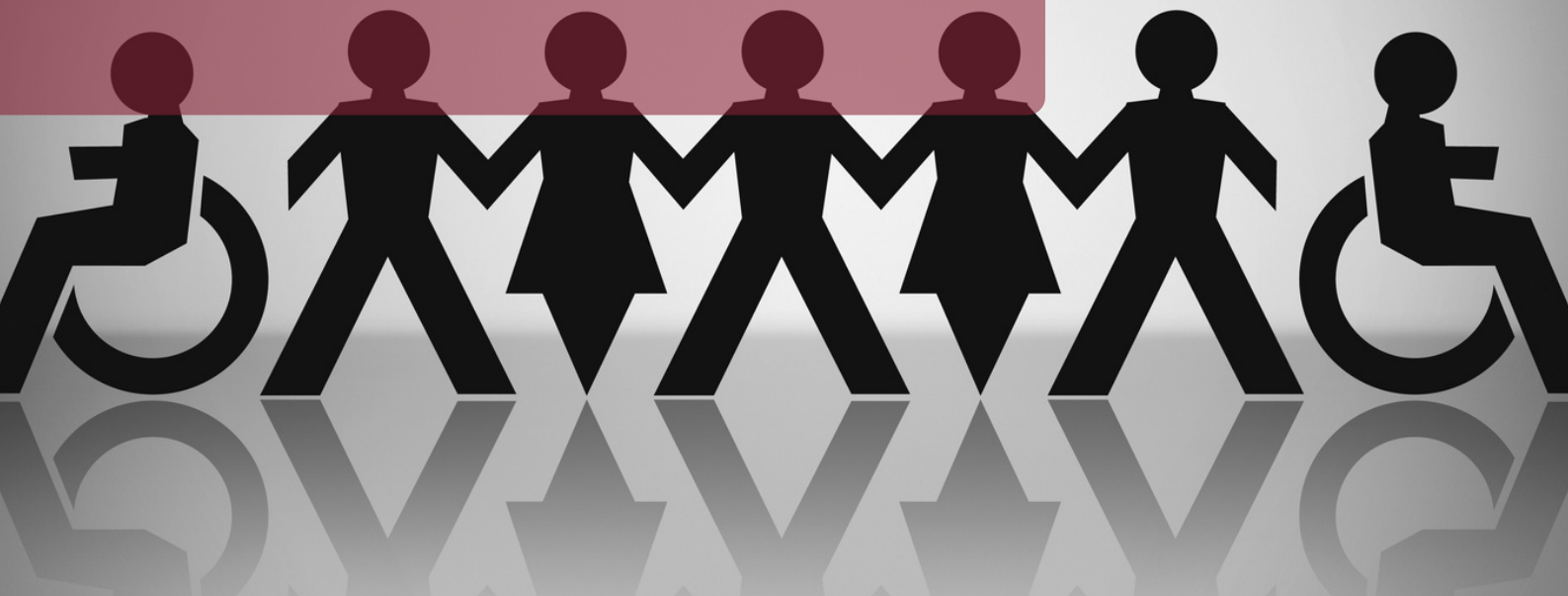




Strathearn School

EQUAL OPPORTUNITIES MONITORING FORM





EQUAL OPPORTUNITIES MONITORING FORM

Please ensure that you read the Background Information for Applicants before you start to complete the form and then complete each part of the form by inserting the appropriate information or an 'X' within the relevant text box.

1. NATIONAL INSURANCE NUMBER

Please provide your National Insurance Number.	
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2. AGE

Please provide your date of birth.	
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3. GENDER

Please indicate your gender by selecting the appropriate option	MALE		FEMALE	
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4. COMMUNITY BACKGROUND

Please indicate your community background by selecting the appropriate option from those set out below.	
I have a Protestant community background	
I have a Roman Catholic community background	
I have neither a Protestant nor a Roman Catholic community background	

5. DISABILITY

Please indicate whether or not you consider yourself to have a disability. Please note that disability means any physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.	YES		NO	
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6. LANGUAGE

Please indicate whether or not English is your first language.	YES		NO	
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7. RACE

Please indicate your racial origin by selecting the appropriate option from those set out below.

Bangladeshi	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White	<input type="checkbox"/>	Other	<input type="checkbox"/>

If Other, please specify

Please indicate whether you consider yourself to be a member of a mixed ethnic group.

YES

NO

Please indicate whether you consider yourself to be a member of the Irish Travelling Community.

YES

NO

8. SEXUAL ORIENTATION

Please indicate your sexual orientation by selecting the appropriate option from those set out below.

My sexual orientation is towards someone of a different sex

My sexual orientation is towards someone of the same sex

My sexual orientation is towards someone of the same sex and of the opposite sex

9. MARITAL STATUS

Please indicate your marital status by selecting the appropriate option set out below.

Single (i.e. never married or in a civil partnership)	<input type="checkbox"/>	Married	<input type="checkbox"/>	In a civil partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Formerly in a civil partnership now dissolved	<input type="checkbox"/>	Separated but still legally married	<input type="checkbox"/>
Separated but still legally in a civil partnership	<input type="checkbox"/>	Surviving partner from a civil partnership	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

10. DEPENDENTS

Please indicate if whether you have a personal responsibility for the care of a child or children, a person with a disability, or a dependant older person.

YES

NO