

# TEAM Multi-Academy Trust



## Equalities Monitoring

*We're bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we're meeting this duty, whether our policies are effective and whether we're complying with relevant legislation, we need to know the information requested below.*

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

### Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

What is your date of birth?	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

Please indicate your gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Gender-fluid <input type="checkbox"/> Non-binary <input type="checkbox"/> Do you identify as transgender or formerly transgender <input type="checkbox"/> I do not wish to disclose this
-----------------------------	---

### Equality Act 2010

The Equality Act 2010 protects people who are married or in a civil partnership.

Please indicate the option which best describes your marital status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this

### Equality Act 2010

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation	
Do you identify as LGBT+?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – lesbian, gay or bisexual + <input type="checkbox"/> Yes – transgender or formerly transgender + <input type="checkbox"/> Unsure/questioning my sexual orientation or gender identity <input type="checkbox"/> Gender-fluid <input type="checkbox"/> Pansexual <input type="checkbox"/> I do not wish to disclose this	

## Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

Please indicate your ethnic origin		
<p><b>Asian or Asian British</b></p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p><b>Mixed</b></p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	<p><b>Other Ethnic Group</b></p> <input type="checkbox"/> Chinese <input type="checkbox"/> Gypsy/Traveller/Roma <input type="checkbox"/> Any other ethnic group
<p><b>Black or Black British</b></p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p><b>White</b></p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<input type="checkbox"/> I do not wish to disclose this

## Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

Please indicate your religion or belief		
<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism	<input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism	<input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this

## Equality Act 2010

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that any selection processes - including the interview - are fair and equitable.

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.	
<input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition	<input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other

Where did you see this vacancy advertised?