**RECRUITMENT MONITORING FORM**

**Please complete this monitoring form and send it direct to Liz Howson (**[**liz.howson@carlislediocese.org.uk**](mailto:liz.howson@carlislediocese.org.uk)**) The information will not be used as part of the selection process and will enable the Carlisle Diocesan Board of Finance to monitor the diversity of its workforce. You may tick the ‘prefer not to say’ box for any questions that you do not wish to answer.**

Application for the office of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your ethnic group?**

|  |  |
| --- | --- |
| **WHITE** |  |
| British |  |
| English |  |
| Scottish |  |
| Welsh |  |
| Northern Irish |  |
| Irish |  |
| Gypsy of Irish Traveller |  |
| Roma |  |
| Other White Background (please specify) |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **MIXED/MULTIPLE ETHNIC GROUPS** |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Other Mixed/Multiple ethnic background (please specify) |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **ASIAN / ASIAN BRITISH** |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian Background (please specify) |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **BLACK, AFRICAN, CARIBBEAN, BLACK BRITISH** |  |
| Africa |  |
| Caribbean |  |
| Other Black, African, Caribbean background (please specify) |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **OTHER ETHNIC GROUP** |  |
| Arab |  |
| Other ethnic group (please specify) |  |
| Prefer not to say |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2 Gender** |  | | | | | |  | |
| Male | |  | Female | |  | | Prefer not to say |  |
| **3 Age Group** |  | |  | | | |
| 16 – 25 | |  |  |  | | | 26 – 35 |  |
| 36 – 45 | |  |  |  | | | 46 – 55 |  |
| 56 – 65 | |  |  |  | | | 66 – 70 |  |
| Over 70 | |  |  |  | | | Prefer not to say |  |
| **4 Disability** |  | |  | | | |  | |
| Do you consider yourself to have a disability or a long term health condition? | | | | | | | | |
| Yes | |  | No | | |  | Prefer not to say |  |
| **5 Marital Status** |  | |  | | | |  | |
| Single | |  | Separated | | | | |  |
| Married | |  | Divorced | | | | |  |
| In a civil partnership | |  | Civil partnership dissolved | | | | |  |
| Married to a person who has been previously married whose former spouse was still living at the time of the marriage | |  | Widowed | | | | |  |
| Divorced and remarried with   a previous spouse still living at the time of the marriage | |  | Prefer not to say | | | | |  |
|  |  | |  | | | |