

## RECRUITMENT MONITORING FORM

The information will not be used as part of the selection process and will enable the diocese to monitor the diversity of clergy applying for its posts.

Please complete this monitoring form and send it directly to:

**Recruitment Monitoring Officer; Diocesan Clergy HR; Church House Oxford, Langford Locks, Kidlington, Oxford OX5 1GF**

**Application for the post of:** \_\_\_\_\_

### 1. What is your ethnic group?

#### A White

- English/ Welsh/ Scottish/ Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- Any other White background  (please give details) \_\_\_\_\_

#### B Mixed/ multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/ multiple ethnic background  (please give details) \_\_\_\_\_

#### C. Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background  (please give details) \_\_\_\_\_

#### D. Black/ African/ Caribbean/ Black British

- African
- Caribbean
- Any other Black/ African/ Caribbean background  (please give details) \_\_\_\_\_

#### E. Other ethnic group

- Arab
- Any other ethnic group  (please give details) \_\_\_\_\_

#### F. I do not wish to provide this information

#### 2. Gender

- Male
- Female
- I do not wish to supply this information

**3. Age Group**

- |  |                          |         |                          |
|--|--------------------------|---------|--------------------------|
| 16 – 25                                  | <input type="checkbox"/> | 26 – 35 | <input type="checkbox"/> |
| 36 – 45                                  | <input type="checkbox"/> | 46 – 55 | <input type="checkbox"/> |
| 56 – 65                                  | <input type="checkbox"/> | 66 – 70 | <input type="checkbox"/> |
| Over 70                                  | <input type="checkbox"/> |         |                          |
| I do not wish to supply this information |                          |         | <input type="checkbox"/> |

**4. Disability**

- Do you consider yourself to have a disability or a long term health condition?
- Yes
- No
- I do not wish to supply this information

**5. Marital Status**

- Married
- In a registered same –sex civil partnership
- Never married and never registered a same-sex civil partnership
- Separated, but still legally married
- Separated, but still legally in a registered same –sex civil partnership
- Divorced
- Formerly in a same-sex civil partnership which is now legally dissolved
- Widowed
- Surviving partner from a same-sex civil partnership
- I do not wish to supply this information

**6. Pregnancy**

- Are you pregnant or on maternity leave?
- Yes
- No
- I do not wish to supply this information