

Please refer to our Application Information Sheet for details on completing and returning your application.

Employment Application Form (Support Staff): Part 3

We are committed to safeguarding and promoting the welfare of children and young people and expect all staff and volunteers to share this commitment.

Please complete the form in black ink or type

Part 3: Equality and Diversity Monitoring

Vacancy Job Title	
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Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and/or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

Ethnic group	Workforce census code		Please tick
	White	WBRI	
	WIRI	Irish	
	WIRT	Irish Traveller	
	WROM	Gypsy/Roma	
	WOTH	Other White background	
Mixed	MWBC	White and Black Caribbean	
	MWBA	White and Black African	
	MWAS	White and Asian	
	MOTH	Other Mixed background	
Asian or Asian British	AIND	Indian	
	APKN	Pakistani	
	ABAN	Bangladeshi	
	CHNE	Chinese	
	AOTH	Other Asian background	
Black or Black British	BCRB	Caribbean	
	BAFR	African	
	BOTH	Other Black background	
Other ethnic group	ARAB	Arab	
	OOTH	Write in:	
Prefer not to say	REFU		

Sexual orientation	Please tick
Bi-sexual	
Gay Man	
Gay Woman	
Heterosexual	
Other	
Prefer not to say	

Gender	Please tick
Female	
Male	
Transgender	
Prefer not to say	

Personal relationship	Please tick
Single	
Living together	
Married	
Civil Partnership	
Prefer not to say	

Religion	Please tick
No religion	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (Write in)	
Prefer not to say	

Disability	Please tick
Do you consider that you have a disability?	
Yes - Please complete the grid below	
No	
Prefer not to say	
My disability is:	
Physical Impairment	
Sensory Impairment	
Mental Health Condition	
Learning Disability/ Difficulty	
Long standing illness	
Other	
Prefer not to say	

PLEASE RETURN THIS, ALONG WITH PART 1 AND PART 2 OF THE APPLICATION FORM, TO
recruitment@westnorfolkacademiestrust.co.uk or
 HR DEPARTMENT, WEST NORFOLK ACADEMIES TRUST, SPRINGWOOD HIGH SCHOOL, QUEENSWAY,
 KINGS LYNN, PE30 4AW