

BARNSBURY HOUSING ASSOCIATION RECRUITMENT MONITORING FORM

Why we are asking you to complete this form

BHA is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we employ and work with. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, this data helps us to know if we are succeeding in involving different groups of people, and to change our approach if some groups are not represented.

Data protection

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data to inform discussions about improving the diversity of our team, but no information will be published or used in any way which allows an individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010 and includes information regarding your protected characteristics.

If you would like this information in an alternative format, or would like help in completing the form, please contact us info@barnsbury.org

Equality Monitoring Form

Equality monitoring helps us to ensure that BHA is open to everyone in our community. To help us achieve this, we ask you to complete this monitoring form. You don't have to complete the form if you don't want to.

The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes. The information you provide will be used for statistical purposes only. It is helpful if you complete all sections of the form.

Please choose one option from each of the sections listed below and then tick or place an X in the appropriate box.

A. Your age

18 -24		45 – 54	
25 – 34		55 – 64	
35 – 44		65+	
Do not wish to declare			

B. Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has substantial and long term (i.e., has lasted or is expected to last at least 12 months) adverse effect on their ability to carry out normal day-to-day activities. Adverse effects may arise from external barriers experienced by people with impairments.

When you answer the question, you should not take into account the effect of any medication or treatments used or adjustments made (for example at work or at home) which reduce the effects of impairments. Instead, you should think about the effect the impairment would have if these were not

Using this definition, do you consider yourself to have a disability?

Yes	
No	
Do not wish to declare	

C: Your ethnic group (these are listed alphabetically)

Asian / British Asian

Bangladeshi	
Indian	
Pakistani	
British Asian	
Other Asian background (please specify if you wish:)	

Black African / Caribbean / Black British

African	
Caribbean	
Black British	

Other African/Caribbean background (please specify if you wish:)	
--	--

Multiple Ethnic Groups

White and Asian	
White and Black African	
White and Black Caribbean	
Other multiple ethnic background (please specify if you wish:)	

Other Ethnic Group

Please specify if you wish:	
-----------------------------	--

White

British / English / Welsh / Scottish / Northern Irish	
Gypsy or Irish Traveller	
Irish	
Any other white background (please specify if you wish:)	

I do not wish to declare my ethnicity

Do not wish to declare	
------------------------	--

D. Your gender

Male	
Female	
None of the above, I would describe my gender as:	
Do not wish to declare	

G: Is your gender the same as assigned at birth?

Yes	
No	
Do not wish to declare	

F. Your sexual orientation

Which of the following options best describes how you think of yourself?

Bisexual	
Gay / Lesbian	
Heterosexual / straight	
Other (please specify if you wish:)	
Do not wish to declare	

G. What is your legal marital or same-sex civil partnership status?

Not married / not in a Civil Partnership	
Married / in a Civil Partnership	
Do not wish to declare	

H. Your religion or belief

Which group below do you most identify with?

Buddhist	
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	
Hindu	
Jewish	
Muslim	
No religion	
Sikh	
Other religion or belief (please specify if you wish :)	
Do not wish to declare	

Media – Please state where you saw this post advertised

DECLARATION

A Relatives /Other Interests

Any candidate who directly or indirectly canvasses a Barnsbury HA employee will be disqualified from consideration for the job. BHA does not bind itself to appoint any applicant.

Are you related to or do you have a close personal relationship with an employee(s) of Barnsbury Housing Association Yes No

If yes, specify name(s), position(s) and relationship(s)

If appointed, do you have any interests or hold any appointments that may conflict with employment by the Association in the role for which you have applied? Yes No

If yes, please detail below. **(See Role Profile & Person Specification)**

B. Statement to be signed by the Applicant

Barnsbury Housing Association is committed to an anti-fraud culture.

Please complete the following declaration and sign it below. If this declaration is not completed and signed, your application will not be considered.

I acknowledge that Barnsbury Housing Association is under a duty to protect the public funds it administers and to this end I agree it may use information provided on this form for prevention and detection of crime and it may share this information with other bodies solely for these purposes. I hereby give consent to such collection, storage and processing of my personal data and I agree that the information given on this form may be used for data registration purposes.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, accept the conditions set out in the pack.

Signed:

Date:

We are not able to contact unsuccessful applicants, so if you do not hear from us following your application, you should conclude that your application has been unsuccessful on this occasion.