**Great School Libraries Campaign Committee application:**

**Equality and diversity monitoring**

The Great School Libraries campaign is committed to championing diversity, inclusion and representation. We particularly welcome applications from people from under-represented groups.

**Confidentiality**

Your data will be safely stored as part of our confidential records. For monitoring purposes, anonymised data will be captured and the form containing your personal data will be deleted within a month of the vacancy being filled.

The completed forms will not be shared with other networks, however in order to enact positive action measures, ethnicity data will be shared in the event of a tiebreaker. In accordance with Section 159 of the Equality Act, which allows us to favour a candidate with a protected characteristic over a candidate without that characteristic in a “tiebreaker” situation where both candidates are as qualified as one another.

1. **Full Name:**
2. **Age**

Please tick the relevant age band.

Under 20

20-29

30-39

40-49

50-59

60-69

Over 70

Prefer not to say

1. **Gender**

Please tick as appropriate.

Female

Male

Prefer not to say

Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sexual Orientation**

Please tick as appropriate.

Bisexual

Gay man

Gay woman/Lesbian

Heterosexual/Straight

Prefer not to say

Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Ethnicity**

Please tick as appropriate.

**Asian or Asian British**

Bangladeshi

Indian

Pakistani

Any other Asian background (Please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Black or Black British**

African

Caribbean

Any other Black background (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chinese or Other Ethnic Group**

Chinese

Any other background (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed**

White and Asian

White and Black African

White and Black Caribbean

Any other Mixed background (Please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**White**

British

Irish

Any other White background (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prefer not to say**

**6. Disability**

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes, limited a lot

Yes, limited a little

No

Prefer not to say

**Thank you for taking the time to complete this form.**