|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLERGY RECRUITMENT MONITORING FORM**  **Please complete this monitoring form and send it to** [Wendy.Dunnington@LeicesterCofE.org](mailto:Wendy.Dunnington@LeicesterCofE.org)  **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 offices. You may tick the ‘prefer not to say’ box for any questions that you do not wish to answer.** | | | | | | | | | | | |
|  |  | | |  | | | |  | | | |
| **Application for the office of:** | | | | Chaplain of Wyggestons & Trinity Almshouse Charity & Associate Priest at Holy Apostles Leicester | | | | | | | |
|  |  | | |  | | | |  | | | |
| **1 What is your ethnic group?** | | | | | | | | | | | |
| *A White* | | | | | | | | | | | |
| British | |  | |  |  | | | Irish |  | | |
| Other | | | | | | | | |  | |  |  |
|  | | | | | | | | |  | |
| *B Mixed* |  |  | |
| White/ Black Caribbean | |  | | White/Asian | | | | |  | | |
| White/Black African | |  | | Other | | | | |  | | |
|  | | | | | | | | | | | |
| *C Asian or Asian British* |  | | |  | | | |
| Asian British | |  | | Pakistani | | | | |  | | |
| Bangladeshi | |  | |  | | | | Indian |  | | |
| Other | | | | | | | | |  | | |
| *D Black or African or Caribbean or Black British* | | |  |  | | | |
| African | |  | | Caribbean African | | | | |  | | |
| Black British | |  | | Other | | | | |  | | |
| *E Other group* |  |  | |  | | | |  | | | |
| Chinese | |  | | Other | | | | | |  | |
| *F 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 | | | | |  | | |
|  |  | | |  | | | |
|  |  | | |  | | | |  | | | |
|  | | | |  | | | |  | | | |
|  | | | | | | | | | | | |
|  | |  | | *Form dated March 2015* | | | | | | | |