# dIOCESE OF WINCHESTER APPLICATION FORM PART 2

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| **REFERENCES AND RECRUITMENT MONITORING FORM** |
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**Please complete this monitoring form. It will be removed by the person administrating the process. The information will not be used as part of the selection process and will enable the diocese to monitor the diversity of applicants applying for roles within the diocese. This information will be kept in accordance with the Privacy Notice on our website.**

**Candidate Name**: ……………………………………………………………………

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| **Application for Finance Director****References****PRESENT / MOST RECENT EMPLOYER** **May we approach for reference now? YES NO *(Please circle*)**

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| **Name:****Email Address:****Telephone No:** |
| **Address:** |
| **Occupation:** |

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| **Please give names of two additional references (*Please obtain their permission)*** |
| **Name:****Email Address:****Telephone No:** |
| **Address:** |
| **Occupation:** |

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| **Name:****Email Address:****Telephone No:** |
| **Address:** |
| **Occupation:** |

**1 What is your ethnic group?** |
| *A White* |
| White UK |  |  |  | Irish |  |
|  |  |  |  |  |  |
| White non UK |  |  |  |
|  |  |  |  |
| Any other white background(please give details) |  |
| *B Mixed* |  |  |  |  |
| White and black Caribbean |  | White and Asian |  |
| White and black African |  |  |  |
| Any other mixed background(please give details) |  |
| *C Asian or Asian British* |  |  |  |
| Indian |  | Pakistani |  |
| Bangladeshi |  |  |  |
| Any other Asian background(please give details) |  |
| *D Black or black British* |  |  |  |
| Black Caribbean |  | Black African |  |
| Any other black background |  |  |  |
| *E Chinese or other group* |  |  |  |  |
| Chinese |  | Vietnamese |  |
| Any other ethnic group (please give details) |  |

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| --- | --- | --- | --- |
| **2 Gender** |  |  |  |
| Male |  |  | Female |  |

|  |  |  |  |
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| **3 Age Group** |  |  |  |
| 16 – 25 |  |  |  | 26 – 35 |  |
| 36 – 45 |  |  |  | 46 – 55 |  |
| 56 – 65 |  |  |  | 66 – 70 |  |
| Over 70 |  |  |  |  |  |
| **4 Disability** |  |  |  |
| Do you consider yourself to have a disability or a long term health condition? |
| Yes |  |  | No |  |

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