



EQUAL EMPLOYMENT OPPORTUNITIES POLICY

AIM

To ensure that all employees and applicants for employment are treated according to their skills, qualifications, abilities and aptitudes without regard to irrelevant details.

GUIDELINES

1. Develop and implement the EEO programme in consultation with employees, especially employees from the target groups of:
 - * Maori
 - * Ethnic or minority groups (including Pasifika)
 - * Persons with disabilities
2. An EEO sub-committee will be appointed consisting of the three members from either the Board or Staff. They will be responsible for checking and reporting compliance to EEO policy.
3. All personnel policies and practices will be developed and reviewed to ensure they adhere to EEO principles. Areas to be considered are:
 - * Recruitment and selection
 - * Promotion and career development
 - * Conditions of service
 - * Staff professional development
 - * Sexual harassment
 - * Appraisal
 - * Performance management

Signed:


Board of Trustees Chairperson

Date: 3/11/2020



Equal Employment Opportunities Policy – Appendix 1

EQUAL EMPLOYMENT OPPORTUNITIES DATA

1. This data will be used to establish a profile of the range of people currently working in the school and the range of applicants applying for positions.
2. The data will provide a basis for the planning and development of the school's **EEO Programme**.
3. You have the right to not answer any of the questions below.

Name: _____ Gender: _____ D.O.B: ___/___/___

Ethnic Origin: (Put a cross in one or more boxes from those below)

- | | |
|--|--|
| <input type="checkbox"/> New Zealand European (Pakeha) | <input type="checkbox"/> New Zealand Maori |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Maori |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other Pacific Island (Please state) _____ | |
| <input type="checkbox"/> Other European (Please state) _____ | |

DISABILITY / DISABILITIES:

- A) Do you live with the effects of injury, long term illness or disability/disabilities?
 YES NO
- B) Tick all that apply. Does your disability / injury / illness affect your:
- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> Movement | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Respiration / Breathing | <input type="checkbox"/> Speech | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Emotional & Mental Health | | |
| <input type="checkbox"/> Other (Please specify) | | |
- C) Do you need any technical aids or equipment, or adaptations made to your workplace to make your work easier or to increase your work performance?
 YES NO

If YES please provide further information:

Signed Staff Member: _____ **Date:** _____

Signed Principal: _____ **Date:** _____