Equal Opportunities Monitoring Form

In order to help us monitor the effectiveness of our Equal Opportunities Policy you are asked to provide the information requested below. This information is confidential and does not form part of your application. This sheet will be detached from your application form upon receipt and the information will not be taken into account when making the appointment.

|  |  |
| --- | --- |
| Name: Date:  | Post applied for: |

**Gender**

(Mark with X which applies to you)

|  |  |  |
| --- | --- | --- |
| Male | Female  | Prefer not to say |

|  |
| --- |
| **Age** (Mark with X which applies to you) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16 – 24  | 25 – 29 | 30 – 39 | 40 – 49 | 50 – 59 | 60 – 74  | Prefer not to say |

**Sexual Orientation**

(Mark with X which applies to you)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Heterosexual/straight  | Bisexual  | Gay man | Gay woman/lesbian | Prefer not to say |

**Ethnic Origin**

(Mark with X which applies to you)

|  |
| --- |
| **White**  |
| British  | Irish  | Scottish  |
| Welsh  | English  | Northern Irish  |
| Gypsy / Traveller  | Other White background  |
| **Mixed**  |
| White & Black Caribbean  | White & Black African  | Other Mixed background  |
| White and Asian  |
| **Asian or Asian British**  |
| Indian  | Pakistani  | Other Asian background  |
| Bangladeshi  | Chinese  |
| **Black or Black British**  |
| African  | Caribbean  | Other Black background  |
| **Other ethnic group**  |
| Arab  | Any other ethnic group:  |
| Prefer not to say  |

###### Disability

People with a disability or a health condition are entitled by law to ‘reasonable adjustments’ during the recruitment process. We are interested in any disability or health condition that may require such a reasonable adjustment.

|  |
| --- |
| **Do you consider yourself to have a disability or a health condition?** The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities which has lasted or is expected to last, at least 12 months.  |
| If “Yes”: What adjustments do you require in order to attend an interview? |
| If “Yes”: What adjustments would you require in order to help you carry out this job? |
| Prefer not to say |

***Thank you for completing this form. Please return it along with your completed application.***