

EQUAL OPPORTUNITIES MONITORING FORM



Equal Opportunities Monitoring Form

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

All questions are optional. You are not obliged to answer any of the questions but the more information you supply, the more effective our monitoring will be. It will not be placed on your personal file.

Thank you for your assistance.

ABOUT THE VACANCY

Please state which job you have applied for and the closing date given for applications.

Job applied for: _____

Closing date for applications: _____

Where did you hear about this job (please tick)?

Newspaper (please specify) _____

Friend Recruitment company Company website

Other (please specify) _____

GENDER

What is your gender (please tick)?

Male

Female

Prefer not to say

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

GENDER IDENTITY

Do you identify as transgender/transsexual?

Yes

No

Prefer not to say

ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

A White:

- British – English, Scottish or Welsh Irish Other White background

B Mixed Race:

- White and Black Caribbean White and Black African White and Asian
 Other Mixed background

C Asian or Asian British:

- Indian Pakistani Bangladeshi
 Other Asian background

D Black or Black British:

- Caribbean African Other Black background

E Chinese and other groups:

- Chinese Other ethnic group

F Prefer not to say

AGE

What is your age (please tick)?

- 16-17 18-21 22-30 31-40 41-50
 51-60 61-65 66-70 71+ Prefer not to say

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

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

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

- Yes Partially No
 At home
 With colleagues
 With your manager
 At work generally

RELIGION OR BELIEF

Please describe your religion or strongly-held belief.

I would describe my religion or belief as: _____

- I have no particular religion or belief
- Prefer not to say

DISABILITY

The Equality Act 2010 defines a disability as a “*physical or mental impairment which has a substantial and long term adverse effect on a persons ability to carry out normal day to day activities*”. An effect is long term if it has lasted, or is likely to last, more than 12 months.

Do you consider you have a disability under the Equality Act (please tick)?

- Yes
- No
- Used to have a disability but have now recovered
- Don't know
- Prefer not to say

Thank you for your time in providing the above information.

This document, and the answers which you have given within it, shall NOT be used as part of the selection process.