**Equal Opportunities Monitoring Form**

In order to monitor the effectiveness of our equal opportunities policy it is important to collect and record information to monitor who is applying to work with us. In line with our commitment, any information provided is entirely anonymous, confidential, and is not part of any selection procedure.

Please state how you found out about the position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age 16-24 [ ]  25-29 [ ]  30-34 [ ]  35-39 [ ]  40-44 [ ]  45-49 [ ]

50-54 [ ]  55-59 [ ]  60-64 [ ]  65+ [ ]  Prefer not to say [ ]

Gender Identity

MALE [ ]  FEMALE [ ]

OTHER [ ]  PREFER NOT TO SAY [ ]

Please tick the ethnic category that best represents you. As you make your decision, please think about what ethnic group means to you, that is, how you see yourself. Your ethnic category is a mixture of culture, religion, skin colour, language and the origins of yourself and your family. It is not the same as nationality.

White

[ ]  British

[ ]  Irish

[ ]  Any other white background, please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFER NOT TO SAY [ ]

Asian or Asian British

[ ]  Asian Bangladeshi

[ ]  Asian Indian

[ ]  Asian Pakistani

[ ]  Any other Asian background, please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFER NOT TO SAY [ ]

Black or Black British

[ ]  Black African

[ ]  Black Caribbean

[ ]  Any other Black background, please state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFER NOT TO SAY [ ]

Chinese or other ethnic group

[ ]  Chinese

[ ]  Any other, please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFER NOT TO SAY [ ]

Dual Heritage

[ ]  Dual Asian & White

[ ]  Dual Black African & White

[ ]  Dual Black Caribbean & White

[ ]  Dual Chinese & White

[ ]  Any other background, please state\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Any other background, please state\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFER NOT TO SAY [ ]

What is your sexual orientation?

Heterosexual [ ]  Gay [ ]  Lesbian [ ]  Bisexual [ ]  Other [ ]

Prefer not to say [ ]  If you prefer to use another term, please specify here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself to have a disability?

 YES [ ]  NO [ ]  PREFER NOT TO SAY [ ]

Do you have dependants? Dependants might include children, the elderly, or other people who rely on you for care.

YES [ ]  NO [ ]  PREFER NOT TO SAY [ ]