**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