

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.

Please complete this form and return to the Administrator. The information on this form will be used for monitoring purposes only and will not be used in any decision affecting you.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Position applied for:

Closing date:

AGE

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

GENDER

Male Female
 Prefer not to say

(If you are undergoing gender reassignment, please use the gender identity you identify with.)

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:	B Mixed race:	C Asian or Asian British:	
British – English, Scottish or Welsh	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/>
Other White background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/>

Other Mixed background Other Asian background

D
Black or Black British:

Caribbean
African
Other Black background

E
Chinese and other groups:

Chinese Prefer not to say
 Other ethnic group

SEXUAL ORIENTATION

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

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

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

	Yes	Partially	No
At home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
With your manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At work generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:

I have no particular religion or belief
Prefer no to say

DISABILITY

The Equality Act 2010 defines a disability as a “physical or mental impairment which has substantial and long-term adverse effect on a person’s 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 that 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