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| EQUAL OPPORTUNITIES MONITORING FORM | | | | | |
| Post Applied For | |  | | | |
| Ref No. | |  | | | |
| Surname or Family Name | |  | | | |
| Former Name(s) | |  | | | |
| Other names | |  | | | |
| What is your gender? Please tick appropriate box | ⬜ MALE  ⬜ FEMALE  ⬜ PREFER NOT TO SAY | | | | |
| Which of the following best describes your Ethnic origin?  Please tick appropriate box | ⬜ Arab ⬜ Other Asian Background  ⬜ Bangladeshi ⬜ Other Black Background  ⬜ Black African ⬜ Other Mixed Background  ⬜ Black Caribbean ⬜ Pakistani  ⬜ Chinese ⬜ White British  ⬜ Indian ⬜ White Gypsy or Traveller  ⬜ Mixed - White Asian ⬜ White Irish  ⬜ Mixed – Black African ⬜ White Other  ⬜ Mixed – Black Caribbean ⬜ Prefer not to say  ⬜ Other | | | | | |
| `If You have selected “Other” please provide details | | | | |  |
| Do you consider yourself to have a disability? | | | | | Yes ⬜ No ⬜ Prefer not to say ⬜ |
| If “YES” select the option that best describes the nature of your disability? | | | | | ⬜ Chronic ongoing medical condition  ⬜ Developmental Impairments  ⬜ Fluctuating or Recurring Impairment  ⬜ Mental Impairment  ⬜ Other  ⬜ Physical Impairment  ⬜ Progressive condition  ⬜ Sensory Impairment  ⬜ Prefer not to say |
| If you have a disability what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties? | | | | | |
|  | | | | | |
| What is your age range? | | | ⬜ Under 20 ⬜ 36 - 40 ⬜ 56 - 60  ⬜ 21 - 25 ⬜ 41 - 45 ⬜ 61 - 65  ⬜ 26 - 30 ⬜ 46 - 50 ⬜ 65+  ⬜ 31 - 35 ⬜ 51 - 55 ⬜ Prefer not to say  60 and over | | |
| What is your religion or belief? | | | ⬜ Buddhist ⬜ No religion  ⬜ Christian ⬜ Other  ⬜ Hindu ⬜ Sikh  ⬜ Jewish ⬜ Prefer not to say  ⬜ Muslim | | |
| If “other” please specify? | | | |  | |
| What is your sexual orientation? | | | | ⬜ Bisexual ⬜ Heterosexual/straight  ⬜ Gay Man ⬜ Gay Woman/Lesbian  ⬜ Prefer not to say | |
| Are you married or in a registered civil partnership? | | | | ⬜ Yes ⬜ No ⬜ Prefer not to say | |
| Are you currently pregnant or on maternity leave from your current employer? | | | | ⬜ Yes ⬜ No ⬜ Prefer not to say | |
| Where did you see this post advertised? | | | |  | |
| This form will be separated from the main application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way. | | | | | |
| FOR OFFICIAL USE ONLY Candidate No. | |  | | | |