

CONFIDENTIAL EQUAL OPPORTUNITIES MONITORING FORM

This organisation is an equal opportunities employer. Our aim is to ensure that no applicant or employee receives less favourable treatment on the grounds of a protected characteristic as defined by the Equality Act 2010 or is disadvantaged by conditions or requirements that cannot be shown to be justifiable.

Selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

In order to maintain the effectiveness of our commitment to equal opportunities, it would be helpful if you would complete this form; you may partially complete this form, if preferred. Completion is not compulsory and will not affect your application for employment. The information will be used for no other purpose than the one stated.

Full Name:	Position applied for:
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GENDER

Are you: Male Female

AGE

Age range:	18-29	30-39	40-49	50-59	60-65	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ETHNIC ORIGIN:

What is your ethnic Group? Please choose one from A to E, then tick the appropriate box to indicate your cultural background.

- A White**
- British
 Irish
 Other White.....
- B Mixed**
- White and Black Caribbean
 White and Black African
- White and Asian

C Asian or Asian British

- Indian Pakistani Bangladeshi
 Other Asian.....

D Black or Black British

- Caribbean African Other Black.....

E Chinese or other Ethnic Group

- Chinese Other Ethnic Group.....

MARITAL STATUS:

- | | | | |
|-----------|--------------------------|---------------------|--------------------------|
| Married | <input type="checkbox"/> | Widowed | <input type="checkbox"/> |
| Separated | <input type="checkbox"/> | Single | <input type="checkbox"/> |
| Divorced | <input type="checkbox"/> | Living with Partner | <input type="checkbox"/> |

DISABILITY:

The Equality Act 2010 defines a disability as any physical or mental impairment, which has a substantial and long- term (more than 12 months) adverse effect on a person's ability to carry out normal day to day activities.

Please indicate if you believe you have a disability as defined above:

- YES NO

If yes, please specify, from the list below, which category your disability may fall under:

- | | | | |
|---------------------------------|--------------------------|-------------------------------------|--------------------------|
| Dyslexia | <input type="checkbox"/> | Blind / Partially Sighted | <input type="checkbox"/> |
| Deaf / Hearing Impairment | <input type="checkbox"/> | Wheelchair user / Mobility Impaired | <input type="checkbox"/> |
| Mental Health Difficulties | <input type="checkbox"/> | Multiple Disabilities | <input type="checkbox"/> |
| Unseen Disability (e.g. Asthma) | <input type="checkbox"/> | Other Disability | <input type="checkbox"/> |

RELIGION

Please specify which category of faith you belong to:

- | | | | |
|--------------|--------------------------|---------|--------------------------|
| Baha'i | <input type="checkbox"/> | Judaism | <input type="checkbox"/> |
| Buddhism | <input type="checkbox"/> | Parsi | <input type="checkbox"/> |
| Christianity | <input type="checkbox"/> | Sikhism | <input type="checkbox"/> |
| Hinduism | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Islam | <input type="checkbox"/> | None | <input type="checkbox"/> |
| Jainism | <input type="checkbox"/> | | |

DATA PROTECTION ACT

I agree that the information given on this form may be processed and saved, in accordance with the Data Protection Act, in particular, for the purposes of equal opportunities monitoring. I agree to the storage of this information on manual and computerised files.

Signature _____

Date _____