**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.

Position applied for:

Full Name:

# GENDER

Are you : Male **🞎** Female **🞎**

## AGE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age range: | 18-29 | 30-39 | 40-49 | 50-59 | 60-65 |   |
|  | **🞎** | **🞎** | **🞎** | **🞎** | **🞎** |  |

## 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 **🞎** Widowed **🞎**

Separated **🞎** Single **🞎**

Divorced **🞎** Living with Partner **🞎**

**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 **🞏** Blind / Partially Sighted **🞎**

Deaf / Hearing Impairment **🞏** Wheelchair user / Mobility Impaired **🞎**

Mental Health Difficulties **🞎** Multiple Disabilities **🞎**

Unseen Disability (e.g. Asthma) **🞏** Other Disability **🞎**

## RELIGION

Please specify which category of faith you belong to:

Baha’i **🞎** Judaism **🞎**

Buddhism **🞎** Parsi **🞎**

Christianity **🞎** Sikhism **🞎**

Hinduism **🞎** Other **🞎**

Islam **🞎** None **🞎**

Jainism **🞎**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_