

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

- | | |
|--|---|
| <input type="checkbox"/> Arab | <input type="checkbox"/> Other Asian Background |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Other Mixed Background |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White British |
| <input type="checkbox"/> Indian | <input type="checkbox"/> White Gypsy or Traveller |
| <input type="checkbox"/> Mixed - White Asian | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Mixed – Black African | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Mixed – Black Caribbean | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 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?

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Under 20 | <input type="checkbox"/> 36 - 40 | <input type="checkbox"/> 56 - 60 |
| <input type="checkbox"/> 21 - 25 | <input type="checkbox"/> 41 - 45 | <input type="checkbox"/> 61 - 65 |
| <input type="checkbox"/> 26 - 30 | <input type="checkbox"/> 46 - 50 | <input type="checkbox"/> 65+ |
| <input type="checkbox"/> 31 - 35 | <input type="checkbox"/> 51 - 55 | <input type="checkbox"/> Prefer not to say |

What is your religion or belief?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Muslim | |

If "other" please specify?

What is your sexual orientation?

- Bisexual
- Gay Man
- Prefer not to say

- Heterosexual/straight
- Gay Woman/Lesbian

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.

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Candidate No.