

Equal Opportunities Monitoring Form (Job Applications)

We are an equal opportunities employer, and as such we ask all candidates to complete and return this **Equal Opportunities Monitoring Form**. You should return this form in a separate envelope from your employment application form.

The data gathered will help us to monitor the effectiveness of our equal opportunities policies and procedures. It should be completed anonymously and will be held and processed separately from your application.

This information will have no impact on the final recruitment decision.

In each section listed below, please choose one option by marking 'X' in the appropriate box.

Position Applied For:										
Age										
16-24		25-29		30-34		35-39		40-44		
45-49		50-54		55-59		60+		Prefer Not to Say		
Disability – The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day activities.										
Do you consider that you have a disability?										
Yes		No		Prefer Not to Say						
Gender										
Male					Female					
Non-Binary					Intersex					
Transgender					Prefer Not to Say					
Other - Please Specify:										
Marital or Civil Partnership Status										
Married							In A Registered Civil Partnership			
Not Married / In A Civil Partnership							Separated			
Divorced							Widowed			
Prefer Not to Say										

Ethnic Group			
Asian / Asian British		Black / Black British	
Bangladeshi		African	
Chinese		Caribbean	
Indian			
Pakistani			
Other Asian Background (please specify)		Other Black Background (please specify)	
Mixed Ethnic Group		White	
White and Asian		British	
White and Black African		Irish	
White and Black Caribbean		Scottish	
Other Mixed Background (please specify)		Northern Irish	
		Welsh	
Other (please specify)		English	
Prefer Not to Say		Other White Background (please specify)	
Sexual Orientation			
Bisexual		Gay Man / Homosexual	
Straight / Heterosexual		Gay Woman / Lesbian	
Other (please specify)		Prefer Not to Say	
Religion or Belief			
No Religion		Buddhist	
Christian		Hindu	
Jewish		Muslim	
Sikh		Prefer Not to Say	
Other (please specify)			
What is Your Current Working Pattern?			
Full Time		Part Time	
Zero Hours / Casual		Volunteer	
Not in Employment		Prefer Not to Say	
Do You Have Caring Responsibilities?			
None		Primary Carer of a Child / Children (Under 18)	
Primary Carer of a Disabled Child / Children		Primary Carer of an Older Person	
Secondary Carer (Another Person Carries Out the Main Caring Role)		Prefer Not to Say	
Date			

Please do not sign this form.