**EQUAL OPPORTUNITIES MONITORING FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| You do not have to complete this form but doing so enables us to monitor the effectiveness of our | | | | | | |
| Equal Opportunities Policy. | | | | | | |
| We recognise the benefits of a diverse workforce. We are committed to treating all employees with | | | | | | |
| dignity and respect regardless of race, ethnic background, nationality, colour, gender, trans-gender | | | | | | |
| status, pregnancy, disability, age, sexual orientation, religion or belief. We therefore welcome | | | | | | |
| applications from all segments of the community. | | | | | | |
|  | | | | | | |
| This form **will not** be reviewed by the Interviewer/Panel prior to interview and is not used in any | | | | | | |
| decision making. Completing this form does not enable us to identify any reasonable adjustments you may | | | | | | |
| need for the interview or role you have applied for. If you are invited to interview you will be asked if you | | | | | | |
| require any reasonable adjustments separately from this form. | | | | | | |
|  | | | | | | |
| Job applied for: | |  | | | | |
|  |  |  |  |  |  |  |
| Date of application: | |  | | |  |  |
|  |  |  |  |  |  |  |
| **1** | What is your gender? (please mark only one box for each question) | | | |  |  |
|  |  |  |  |  |  |  |
|  | Male: |  | Female: |  | Other: |  |
|  |  |  |  |  | Prefer not to say: |  |
|  |  |  |  |  |  |  |
| **2** | Does your gender identity match your sex as registered at birth? | | | |  |  |
|  |  |  |  |  |  |  |
|  | Yes: |  | No: |  | Prefer not to say: |  |
|  |  |  |  |  |  |  |
| **3** | What is your ethnicity? |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **(A) White** | | **(B) Black / African / Caribbean / Black British** | | **(C) Arab / Arab British** | |
|  | British – English, Welsh, Scottish, Northern Irish |  | African |  | Arab |  |
|  | Irish |  | Caribbean |  | Any other ethnic group |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Any other white background |  | Any other Black, African, Caribbean background |  |  |  |
|  | **(D) Mixed / Multiple Ethnic Groups** | | **(E) Asian / Asian British** | | **(F) Any other ethnic group** | |
|  | White and Black Caribbean |  | Indian |  |  |  |
|  | White and Black African |  | Pakistani |  |  |  |
|  | White and Asian |  | Bangladeshi |  | **(G) Prefer not to say** | |
|  | Any other mixed background |  | Chinese |  |  |  |
|  |  |  | Any other Asian background |  |  |  |
|  |  |  |  |  |  |  |
| **4** | What is your age? |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 16 - 17 |  | 18 - 21 |  | 22 - 29 |  |
|  | 30 - 39 |  | 40 - 49 |  | 50 - 59 |  |
|  | 60 and over |  | Prefer not to say |  |  |  |
|  |  |  |  |  |  |  |
| **5** | What is your sexual orientation? | |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Heterosexual |  | Bisexual |  | Lesbian |  |
|  | Gay |  | Prefer not to say |  |  |  |
|  |  |  |  |  |  |  |
|  | If you prefer to use your own term please say here: | | | | | |
|  |  |  |  |  |  |  |
| **6** | What is your religious or belief system? | | |  |  |  |
|  |  |  |  |  |  |  |
|  | Buddhism |  | Christian |  | Hindu |  |
|  | Jewish |  | Muslim |  | Sikh |  |
|  | No Religion |  | Other |  | Prefer not to say |  |
|  |  |  |  |  |  |  |
|  | Other: | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| **7** | Do you consider yourself to have a disability or long term health condition? | | | | |  |
|  |  |  |  |  |  |  |
|  | Yes |  | No |  | Prefer not to say |  |
|  |  |  |  |  |  |  |
| **8** | What is your current working pattern? | | |  |  |  |
|  |  |  |  |  |  |  |
|  | Full time |  | Part time |  | Not currently working |  |
|  | Prefer not to say |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **9** | Do you have a flexible working arrangement? Please tick all that apply. | | | |  |  |
|  |  |  |  |  |  |  |
|  | No |  | Flexi time |  | Staggered hours |  |
|  | Term-time hours |  | Annualised hours |  | Job share |  |
|  | Flexible shifts |  | Compressed hours |  | Homeworking |  |
|  | Prefer not to say |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **10** | Do you have any caring responsibilities? Please tick all that apply. | | | |  |  |
|  |  |  |  |  |  |  |
|  | None |  | Primary carer child (under 18) |  | Primary carer disabled child (under 18) |  |
|  | Primary carer adult (over 18) |  | Primary carer disabled adult (over 18) |  | Primary carer older person |  |
|  | Secondary carer - another person is main carer |  | Prefer not to say |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |