**Equal Opportunities Monitoring Form**

This form will not be seen by the Interviewer/Panel prior to interview and is not used in any decision-making.

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 job applicants and 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 sections of the community.

Please state which job you have applied for:

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| How would you describe yourself? (Please tick one box) |
| A |
| Asian or Asian British |
| Bangladeshi |
| Indian |
| Pakistani |
| Any other Asian background, please state - |
| B |
| Black or Black British |
| African |
| Caribbean |
| Any other Black background, please state - |
| C |
| Chinese or other ethnic group |
| Chinese |
| Any other, please state - |
| D |
| Mixed heritage |
| White and Asian |
| White and Black African |
| White and Black Caribbean |
| Any other Mixed background, please state - |
| E |
| White |
| British |
| English |
| Irish |
| Scottish |
| Welsh |
| Any other White background, please state - |
| F |
| Prefer not to say |

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| --- |
| What is your gender? |
| Female |
| Male |
| Prefer not to say |
| Prefer to self-describe, please state - |

|  |
| --- |
| Is your present gender the same as at your birth? |
| Yes |
| No |
| Prefer not to say |

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| --- |
| What is your age group? |
| 16-17 |
| 18-21 |
| 21-29 |
| 30-39 |
| 40-49 |
| 50-59 |
| 60 or over |
| Prefer not to say |

|  |
| --- |
| What is your sexual orientation? |
| Heterosexual |
| Bisexual |
| Gay woman/Lesbian |
| Gay man/Homosexual |
| Other |
| Prefer not to say |
| Prefer to self-describe, please state - |

|  |
| --- |
| What is your religious or belief system |
| Buddhist |
| Christian |
| Hindu |
| Jewish |
| Muslim |
| Sikh |
| No Religion |
| Other |
| Prefer not to say |

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| --- |
| Do you consider yourself to have a disability or long-term health condition? |
| Yes |
| No |
| Prefer not to say |