

# EQUAL OPPORTUNITIES MONITORING FORM

## CONFIDENTIAL INFORMATION

App No

The information given on this sheet **will not** be used to make decisions about who is recruited. The form **will not** be seen by the Shortlisting/Interview Panel. It will be stored securely by the Human Resources Section who will use the information to improve equality in recruitment and overall service delivery.

Please complete this form in full BLOCK CAPITALS

Your Surname/family name \_\_\_\_\_

Forenames/first names \_\_\_\_\_

Preferred title (please tick) MR  MRS  MS  MISS  MX  Other   
(please specify)

Your date of birth \_\_\_\_\_  
day month year

Which best describes your **racial or cultural origins?**  
(Please tick appropriate category)

### White:

English/Welsh/Scottish/N, Irish/British   
Irish   
Gypsy/Irish Traveller   
Other European Please specify:  
Any other white background (please write in)  
\_\_\_\_\_

### Black or Black British

Caribbean   
Somali   
Other African background  
Any Black background (please write in)  
\_\_\_\_\_

### Mixed/Dual Heritage

White and Black Caribbean   
White and Black African   
White and Asian   
Any other mixed background  
(Please write in)  
\_\_\_\_\_

### Other Ethnic Group

Yemeni   
Other Arab   
Other (please write in)  
\_\_\_\_\_

### Asian or Asian British

Indian   
Pakistani   
Bangladeshi   
Chinese   
Any other Asian background (please write in)  
\_\_\_\_\_

### Relationship Status?

Married   
Civil Partnership   
Co-habiting   
Widowed   
Single   
Divorced/Separated   
Other (please write in)  
\_\_\_\_\_

**Sexual Orientation**

- Bi-sexual
- Gay Man
- Heterosexual/Straight
- Lesbian / Gay Woman
- Other (please write in)

**Disability**

Do you consider yourself to be disabled?

- Yes
- No

The Equality Act 2010 defines a disabled person as having 'a physical or mental impairment that has a substantial and long-term affect on his or her ability to carry out normal day-to-day activities'.

**Carer Responsibilities**

Do you provide regular and substantial care for a disabled relative or friend (above routine parenting etc)?

- Yes
- No

**Gender Identity**

Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No

**Gender**

- Male
- Female
- Other (please write in)

**Faith/Religion Belief**

- Atheist/None
- Bahai
- Buddhism
- Hinduism
- Humanism
- Christianity (including Church of England, Catholic, & other Christian denominations)
- Islam
- Judaism
- Sikhism
- Other (please write in)

How did you find out about this job? (Please tick one of the following)

- Job Shop Circular
- Local Publication
- Job Centre
- Internet
- National Publication
- Other - (please specify)

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE COMPLETE AND RETURN WITH APPLICATION FORM**

