# EQUAL OPPORTUNITY MONITORING FORM

We are committed to ensuring that all job applicants and members of staff are treated equally and are not discriminated against on the grounds of gender, sexual orientation, marital/civil partner/relationship status, parenting situation, gender reassignment, race, colour, nationality, ethnic origin, religion, belief, disability or age.

This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

We would be most grateful if you will complete this form and return it with your application. The form will be separated from your application on receipt, will be used only for monitoring purposes and will not be placed in your personnel file if you are recruited. It will play no part in the recruitment process and will be treated in the strictest confidence.

You are not obliged to answer all or any of these questions but the more information you can provide, the more effective our equality monitoring will be.

Thank you for your assistance.

Job applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closing date for applications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about the job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# NATIONAL IDENTITY AND ETHNICITY

*Please note these questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories shown.**Please tick the boxes for the groups to which you perceive you belong:*

English  Scottish  Welsh  Northern Irish  British  Other

Prefer not to disclose

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick one box below which best describes the ethnic category to which you belong:

# White

English  Scottish  Welsh  Northern Irish  Gypsy/Roma

Irish Traveller  British  Other  Prefer not to disclose

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Mixed/Multiple Ethnic Groups

White and Black Caribbean  White and Black African  White and Asian  Other

Prefer not to disclose

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Asian/Asian British

Indian  Pakistani  Bangladeshi  Chinese  Other

Prefer not to disclose

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Black/African/Caribbean/Black British

African  Caribbean  Other

Prefer not to disclose

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Other Ethnic Group

Arab  Other

Prefer not to disclose

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER, GENDER IDENTITY AND SEXUAL ORIENTATION**

Male  Female  Prefer not to disclose

# Optional questions

Heterosexual/Straight  Gay/Lesbian  Bi-sexual  Agender  Bigender

Demigender  Transgender  Gender neutral  Nonbinary  Intergender

Other

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# AGE

18 to 20  21 to 25  26 to 30  31 to 35  36 to 40  41 to 45

46 to 50  51 to 55  56 to 60  61 to 65  66 to 70  71 to 75

76 to 80

Prefer not to disclose

# DISABILITY

Please state if you have any long-term physical or mental condition that affects your ability to carry out day-to-day activities.

Yes – limited a little

Yes – limited a lot

No

Prefer not to disclose

If yes, please provide a little information, if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# RELIGION OR BELIEF

# How would you describe your religion or your beliefs?

No religion or belief  Christian  Jewish  Buddhist  Muslim  Sikh

Hindu  Other  Prefer not to disclose

If other, please specify if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARITAL AND RELATIONSHIP STATUS**

Single  Married  Separated  Divorced  Co-habiting  Widowed

Other  Prefer not to disclose

If other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARING RESPONSIBILITIES**

What, if any, caring responsibilities do you have?

None

Primary carer of a child/children under 18 years of age

Primary carer of a child/children with a disability under 18 years of age

Primary carer of an adult with a disability over 18 years of age

Primary carer of an older person

Secondary carer

Prefer not to disclose

**SOCIO-ECONOMIC BACKGROUND**

Do you consider yourself to be from a disadvantaged socio-economic background?

Yes  No  Prefer not to disclose

If yes, please provide a little information, if you would like to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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END