

Equal opportunities monitoring form

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.

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

Age

16-24		25 -29		30-34		35-39	
40-44		45-49		50-54		55-59	
60+		Prefer not to say					

Disability

<p>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.</p> <p>Do you consider that you have a disability?</p>				
Yes		No		Prefer not to say

Gender

Male		Female	
Non-binary		Intersex	
Transgender		Prefer not to say	

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	
		English	
		Other (please specify)	

Other ethnic group (please specify)	
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Prefer not to say	
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Sexual orientation

Bisexual		Homosexual / Gay / Lesbian	
Heterosexual		Prefer not to say	

Religion or belief

Buddhist		Christian	
Hindu		Jewish	
Muslim		No religion	
Sikh		Prefer not to say	
Other religion or belief (please specify)			

What is your current working pattern?

Full-time		Part-time	
Zero-hours / casual		Prefer not to say	

What is your flexible working arrangement?

None		Flexi-time	
Staggered hours		Term-time hours	
Annualised hours		Job-share	
Flexible shifts		Compressed hours	
Homeworking		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	
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Please do not sign this form.