

Full Name: _____

Equal Opportunities Monitoring Form



This form is separated from the main application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence. **The information you provide will only be used for monitoring purposes and to assist us with improving our recruitment process to ensure we are reaching all sections of the community.** How you complete this form has no connection to the evaluation of your application in any way.

If you do not wish to provide this information, feel free to tick the 'Prefer not to say' box at any point.

Gender

How do you identify?		<input type="checkbox"/> Prefer not to say.
Do you identify as trans, or have a trans history?		<input type="checkbox"/> Prefer not to say.
What are your pronouns?		<input type="checkbox"/> Prefer not to say.

Ethnicity

Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background. Please specify:
Black, Black British, Caribbean	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black, Black British, or Caribbean background. Please specify:
Mixed, multiple ethnic groups and/or dual heritage	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Latinx <input type="checkbox"/> Any other Mixed or multiple ethnic background. Please specify:

White	<input type="checkbox"/> X English, Welsh, Scottish, Northern Irish or British Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background. Please specify:
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Other ethnic group	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Latinx
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<input type="checkbox"/> Prefer not to say.

Disability

Do you identify as a person with a disability or other chronic condition?

- Yes
 No
 Prefer not to say

If you would like, tell us how this affects you, and if we can make reasonable adjustments to support you: I do not require any additional support. I am partially deaf and have wore hearing aids my entire life.

Age

Please select your age group

- 16 - 19
 20 - 29
 30 – 39
 40 – 49
 50 – 59
 60 and over

Sexual Orientation

Which of the following best describes you?

- Asexual
 Bisexual
 Gay or Lesbian
 Heterosexual or Straight
 Pansexual
 Queer
 Prefer to describe: _____

Prefer not to say.

Faith / Religion / Belief

Which of the following best describes you?

- | | |
|---|---|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Other. Please specify: |
| <input type="checkbox"/> Hindu | _____ |
| <input type="checkbox"/> Prefer not to say. | |

How did you find out about this vacancy?

Referral from an existing employee
