****

Equal Opportunities Monitoring Form

As part of our policy commitment to promoting fair procedures for recruitment and selection and monitoring our staff population, it is necessary to collect the information detailed below. This information is collected on a confidential basis and will be used solely for monitoring purposes, and will not be made available to any selector, unless otherwise stated.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Ethnic Origin  |  |  |  |
| White:  | ☐  | White / Black Caribbean:  | ☐  | White and Black African:  | ☐  | White and Asian:  | ☐  |
| Indian:  | ☐  | Pakistani:  | ☐  | Bangladeshi:  | ☐  | Chinese:  | ☐  |
| Black African:  | ☐  | Black Caribbean:  | ☐  | Mixed Black:  | ☐  | Other:  | ☐  |
| Other:  |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |  | **Personal Details**  |  |  |
| Please tick as appropriate:  |  |  |  |  |
| Female:  | ☐  |   | Male:  | ☐  |   | Prefer not to say:  | ☐  |
| Date of Birth:  |   |   | Prefer not to say  |   | ☐  |
| Marital Status:  | Single:  | ☐  | Married:  | ☐  | Divorced:  | ☐  | Other:  |   |
| **Disabilities** |  |
| Do you have a disability as defined by the Disability Discrimination Act?  |  |
| Yes:  | ☐  | NO:  | ☐  | Prefer not to say  | ☐  |
|   |  |  |  | **Religion**  |  |  |  |
| Christianity:  | ☐  | Islam:  | ☐  | Hinduism:  | ☐  | Buddhism:  | ☐  |
| Other:  |   |   |   |   |   |   |   |