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|  | **Equal Opportunities Monitoring Form** |

In order to check the effectiveness of our commitment to equal opportunities we would be grateful if you would complete the following. Please return the completed form in a separate and unmarked envelope along with your application form. Unmarked envelopes will be separated unopened from completed application forms so that the information on the monitoring forms is anonymous.

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| **Sex** | Male Other**\*** | | Female \*Please specify…… | |  | | |  | **Age** 16-19  20-29  30-39   40-49  50-59  60-69  70+  | | | |
| **Ethnicity/race/nationality: I would describe my ethnic origin/race/nationality as () Please tick appropriate box** | | | | | | | | | | | | |
| Black or Black British of:  African origin  Caribbean origin  any other origin\*  \*Please specify. . . . . . | | Asian/Asian British of:   Indian origin   Pakistan origin   Bangladeshi origin   Chinese origin   Other origin\*  \*Please specify. . . . . . . . . | | | | | White of:   British origin   Irish origin   Other origin\*  \*Please specify. . . . . . . | | | Mixed Race of:   White & Black African   White & Black Caribbean   Any other origin\*  \*Please specify. . . . . . . . . | |  |
| **Do you consider yourself to have disability** | | | | **Yes**  ** No** | | **Do you look after someone who is ill or disabled, apart from yourself?** | | | | |  **Yes**   **No** | |
| **Do you have caring responsibilities for children (under 16)?** | | | | **Yes**  ** No** | | **Sexuality** I would describe myself as:   Heterosexual   Bisexual   Lesbian/Gay   Other\*  \*Please specify …………………………………………… | | | | | | |
| **Where did you hear about this vacancy?** | | | |  | |  | | | | | | |