

EQUAL OPPORTUNITIES MONITORING FORM

Completion of this section is **voluntary and in confidence**. This sheet will be kept separate from your application form and will not form part of the selection process.

Date of birth: / / Prefer not to say

Gender: Male Female Prefer not to say

DISABILITY

The Equality Act 2010 defines a person with a disability as someone who has ‘a physical or mental impairment which has a substantial and adverse long term effect on his / her / their ability to carry out normal day-to-day activities’.

Under this definition, do you consider yourself to be disabled?

Yes No Prefer not to say

ETHNIC ORIGIN

White	Multiple Ethnic Groups	Asian or Asian British	Black or Black British	Chinese or other ethnic group	Other ethnic group
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Arab
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> African		<input type="checkbox"/> Gypsy / Irish Traveller
<input type="checkbox"/> European	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi			
Other please state:	Other please state:	Other please state:	Other please state:	Other please state:	Other please state:
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Prefer not to say

RELIGION OR BELIEF

Christian Muslim Buddhist Jain
 Hindu Atheist Jewish None
 Sikh Agnostic Prefer not to say Other

SEXUAL ORIENTATION

Bisexual Gay woman / Lesbian Gay man
 Heterosexual Other Prefer not to say