



# Equal Opportunities Monitoring Form

You are not obliged to complete this form but by monitoring age, gender, race, faith and disability among job applicants we are able to see whether or not our equality statement is working in practice. This information will be treated as confidential; it will remain anonymous, and it is separate from the job application form.

## 1. Gender and Gender Identity

- Male     Female     Trans (female to male)     Trans (male to female)  
 Intersex     Other     Prefer not to say

Is your gender identity the same as you were assigned at birth?

- Yes     No     Prefer not to say

## 2. Sexual Orientation. Do you consider yourself as:

- Bisexual     Gay     Lesbian     Heterosexual     Prefer not to say

## 3. Marriage and civil partnership

- Civil partnered     Married     Prefer not to say

## 4. Deaf, disability or health issue:

Do you consider yourself to have a disability?

- Yes     No     Prefer not to say

If yes, please select one:

- Blind or visually impaired     Deaf or hearing impaired     Mobility  
 Learning difficulty     Mental health     Other disability

## 5. Pregnancy and maternity. Are you:

- Pregnant     Recent mother     Not applicable     Prefer not to say



**6. Ethnic origin: How would you describe your ethnic origin?**

- |  |  |
|--|--|
| <input type="checkbox"/> Black - Caribbean | <input type="checkbox"/> White European    |
| <input type="checkbox"/> Black - African   | <input type="checkbox"/> Chinese           |
| <input type="checkbox"/> Japanese          | <input type="checkbox"/> North African     |
| <input type="checkbox"/> Indian            | <input type="checkbox"/> Pakistani         |
| <input type="checkbox"/> Latin American    | <input type="checkbox"/> Bangladeshi       |
| <input type="checkbox"/> Black - Other     | <input type="checkbox"/> Prefer not to say |

Other - please describe:

**6. FAITH/ Religion**

**How would you describe your faith?**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim            |
| <input type="checkbox"/> Jewish    | <input type="checkbox"/> Hindu             |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Rastafarian       |
| <input type="checkbox"/> Sikh      | <input type="checkbox"/> Atheist           |
| <input type="checkbox"/> Agnostic  | <input type="checkbox"/> Humanist          |
| <input type="checkbox"/> None      | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other     |  |

**7. AGE**

- 16-20    21-25    26-35    36-45    46-55    56-64    65 plus

Prefer not to say

**Thank you for completing this form.**