# VOCAL Equal Opportunities Monitoring Form

In order to monitor the effectiveness of the Equal Opportunities Policy, VOCAL asks all applicants to complete this form. If you choose not to complete this form it will not affect your application in any way.

The information will not be made available to the selection panel and will be used for monitoring purposes only. If you wish information covered in any question to be available to the panel then you must ensure that it is included in your application form.

**Post applied for: . . . . . . . . . . . . . . . .**

**Date of application: . . . . . . . . . . . . . . . . .**

**Section 1 – Gender**

How would you describe your gender identity? *Please tick as appropriate*

Male Female Transgender

**Section 2 – Age** *Please tick as appropriate*

16-20 21-30 31-40 41-50 51-60 61-65 Over 65

**Section 3 – Sexual orientation**

How would you describe your sexual orientation? *Please tick as appropriate*

Heterosexual/straight Gay Lesbian Bi-sexual

**Section 4 – Disability** *Please tick as appropriate*

The definition of disability is a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities (Equalities Act 2010).

Disabled Not Disabled

**Section 5 - Ethnic Origin** *Please tick as appropriate*

Please state with which of the following categories you most closely associate yourself having regard to your ethnic or cultural background. The categories are recommended by the Commission for Racial Equality.

White Irish Indian Pakistani Bangladeshi

Black - African Black – Caribbean Black – Other Chinese Other

If ‘other’ please specify . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Thank you for your co-operation in completing this questionnaire.