**Equal Opportunities Monitoring Form**

EYC is committed to being an equal opportunities employer. This means that EYC needs to know details of applicants’ sex, ethnic origin and disabilities, so that we can ensure our recruitment is fair and does not discriminate against anybody. You can help by completing this form.

***Please note:*** *This page will be separated from your application form before it is seen by the selection panel.*

**How would you describe your ethnic origin?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Traveller 🗆 Prefer not to say 🗆

Any other white background, please write here:

***Mixed / multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆

Any other mixed background, please write here:

***Asian / Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write here:

***Black / African / Caribbean / Black British***

African 🗆 Caribbean 🗆 British 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please write here:

***Other ethnic group***

Arabian 🗆 Prefer not to say 🗆

Any other ethnic group, please write here:

**Are you:**

Male 🗆 Female 🗆 Trans 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here:

**Disability**

As a Disability Symbol user, EYC is committed to interviewing any candidate with a disability who meets the minimum criteria for appointment to this post.

Do you consider yourself to have a disability? **Yes** 🗆 **No** 🗆

If ‘Yes’, please tick the box(es) that best describe your disability:

|  |  |  |  |
| --- | --- | --- | --- |
| Visual | 🗆 | Speech | 🗆 |
| Co-ordination, Dexterity or Mobility | 🗆 | Learning Difficulty | 🗆 |
| Mental Health | 🗆 | Hearing | 🗆 |
| Other (please specify) | 🗆 |  |  |

For the purposes of this monitoring form the definition of disability is a sensory, physical, learning difficulty or mental health problem which is regarded as a significant disadvantage in daily life or at work.

**What age group are you?**

|  |  |  |  |
| --- | --- | --- | --- |
| 20-29 | 🗆 | 30-39 | 🗆 |
| 40-49 | 🗆 | 50-59 | 🗆 |
| 60 or over | 🗆 |  |  |

**Where did you see this post advertised?**