**Equal Opportunities Monitoring Form**

IAPK values a workforce that reflects our diverse community and strives to promote inclusion. Employers should not discriminate as set out in the Equality Act 2010. The purpose of this form is to collect data to help measure how effective IAPK is in promoting equality and inclusion within the workforce. IAPK would value your support in enabling us to measure our effectiveness in this respect. Please note however that filling out the form is voluntary.

We would be grateful if you would complete this form and return it to us **separately** from the main application form. The monitoring form will not be seen by members of the shortlisting or selection panel. All information will be treated in the strictest confidence.

Gender

My gender is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say [ ]

Disability

Do you consider yourself to have a disability?

Yes [ ] No [ ]

Prefer not to say [ ]

Age

Age [ ]

Prefer not to say [ ]

Religion

I would describe my religion/belief/faith as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None [ ]

Prefer not to say [ ]

Sexual Orientation

My sexual orientation is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say [ ]

Ethnic Origin

What is your ethnicity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say [ ]

|  |
| --- |
| Marital Status  |

What is your marital status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to say [ ]

Thank you for taking the time to fill in the Equal Opportunities Form.