

**Equal Opportunities Monitoring Form**

**CONFIDENTIAL**

In accordance with our policy on equal opportunities in employment, SDV will provide equal opportunities to any employee, job applicant and Trustees of our Board and will not discriminate either directly or indirectly because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

In order to assess how successful this policy is we have an equal opportunities monitoring system where we monitor all applications received. We would, therefore, be grateful if you would complete the questions on this form.

This form is separated from your application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our recruitment process to ensure we are reaching all sections of the community. How you complete this form has no connection to the evaluation of your application in any way.

|  |  |
| --- | --- |
| **Post Applied For** |  |
| **Date of Birth** |  |

**Vacancy**

*How did you hear about this vacancy?*

|  |  |
| --- | --- |
| **☐** | Advertisement |
| **☐** | Email/Newsletter |
| **☐** | Facebook |
| **☐** | Twitter |
| **☐** | Website/Search Engine |
| **☐** | Family or Friend |
| **☐** | Magazine Article |
| **☐** | Newspaper Story |
| **☐** | TV/Radio |
| **☐** | Other, please specify below |

**Marital Status**

|  |  |
| --- | --- |
| **☐** | Single |
| **☐** | Married/Civil Partner |
| **☐** | Divorced/Person whose Civil Partnership has been dissolved |
| **☐** | Widowed/Surviving Civil Partner |
| **☐** | Separated |
| **☐** | I do not wish to disclose my marital status |

**Age**

|  |  |
| --- | --- |
| **☐** | 16 - 24 |
| **☐** | 25 - 29 |
| **☐** | 30 - 34 |
| **☐** | 35 - 39 |
| **☐** | 40 - 44 |
| **☐** | 45 - 49 |
| **☐** | 50 - 54 |
| **☐** | 55 - 59 |
| **☐** | 60 - 64 |
| **☐** | 65+ |
| **☐** | I do not wish to disclose my age |

**Gender Identity – Sex**

|  |  |
| --- | --- |
| **☐** | Male |
| **☐** | Female |
| **☐** | Intersex |
| **☐** | Non-Binary |
| **☐** | I do not wish to disclose my gender |
| **☐** | Prefer to use my own term, please specify below: |

**Gender Orientation**

|  |  |
| --- | --- |
| **☐** | Heterosexual |
| **☐** | Gay |
| **☐** | Lesbian |
| **☐** | Bisexual |
| **☐** | I do not wish to disclose my gender orientation |
| **☐** | Prefer to use my own term, please specify below: |

**Disability**

Do you consider yourself to have a disability?

|  |  |
| --- | --- |
| **☐** | Yes |
| **☐** | No |
| **☐** | I do not wish to disclose whether I have a disability |

*If Yes, please state the type of impairment which applies to you. You may indicate more than one category.*

|  |  |
| --- | --- |
| **☐** | Physical impairment |
| **☐** | Sensory impairment |
| **☐** | Mental health condition |
| **☐** | Learning disability/ difficulty |
| **☐** | Long-standing illness |
| **☐** | Other, please specify below: |

**Ethnic Origin**

*What is your ethnic group? Please choose one selection from (a) to (g) and then tick the appropriate box to indicate your cultural background.*

|  |  |  |
| --- | --- | --- |
| (a) White | **☐** | British |
| **☐** | Irish |
| **☐** | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (b) Dual Heritage | **☐** | White and Black Caribbean |
| **☐** | White and Black African |
| **☐** | White and Asian |
| **☐** | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (c) Asian | **☐** | British |
| **☐** | Indian |
| **☐** | Pakistani |
| **☐** | Bangladeshi |
| **☐** | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (d) Black | **☐** | British |
| **☐** | Caribbean |
| **☐** | African |
| **☐** | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (e) Chinese or Other | **☐** | Chinese |
| **☐** | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (f) | **☐** | Any other ethnic group, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (g) | **☐** | I do not wish to disclose my ethnic origin |

**Faith/Religion/Belief**

|  |  |
| --- | --- |
| **☐** | Agnostic |
| **☐** | Atheist |
| **☐** | Buddhist |
| **☐** | Christian |
| **☐** | Hindu |
| **☐** | Jewish |
| **☐** | Muslim |
| **☐** | Sikh |
| **☐** | Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **☐** | I do not wish to disclose my faith/religion/belief |

**Thank you for completing this form to assist us with effective monitoring processes.**