

Equal Opportunities Monitoring Form

Strictly Private & Confidential

Resilience Learning Partnership is striving to be an equal opportunities employer and seeks to ensure that all applicants are judged on merit regardless of race, colour, nationality, ethnic or national origin, age, sex, marital status, child or domestic care arrangements, sexual orientation or disability.

In order to monitor the continual development of Resilience Learning Partnership's declared Equal Opportunities Policy, you are asked to provide the following information by ticking the appropriate boxes and completing the details requested. The information will be treated as confidential and will not be used in selection, but for monitoring purposes only.

**Full Name** ……………………………………………….….

**Date of Birth** ……………………………………………….….

**Gender** Man \* Woman \* Intersex \* Non-binary \* Prefer not to say \* If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes \* No \* Prefer not to say \*

**Age** 16-24\* 25-29 \* 30-34 \* 35-39\* 40-44 \* 45-49 \* 50-54 \*55-59 \* 60-64 \* 65+ \* Prefer not to say \*

**What is your ethnicity?**

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 \* Gypsy or Irish Traveller \* Prefer not to say \*

Any other white background, please write in:

***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 in:

***Asian/Asian British***

Indian \* Pakistani \* Bangladeshi \* Chinese \* Prefer not to say \*

Any other Asian background, please write in:

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

African \* Caribbean \* Prefer not to say \*

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

***Other ethnic group***

Arab \* Prefer not to say \* Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes\* No \* Prefer not to say \*

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual \* Gay \* Lesbian \* Bisexual \* Other \*

Prefer not to say \* If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief \* Buddhist \* Christian \* Hindu \* Jewish \*

Muslim \* Sikh \* Prefer not to say \* If other religion or belief, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None \* Primary carer of a child/children (under 18) \*

Primary carer of disabled child/children \*

Primary carer of disabled adult (18 and over) \* Primary carer of older person \*

Secondary carer (another person carries out the main caring role) \*

Prefer not to say \*