Equal Opportunities Form

The Vale of Leven Trust is an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Privacy Notice - Forms are confidential and will be separated from your application form. The information you supply to us on this form will be maintained in a database in an anonymised format for use in monitoring recruitment statistics only. Completion of each section is voluntary. Equal opportunities monitoring forms will be destroyed six months following the end of the recruitment exercise.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

**1)** **Position Applied For** - What is the Title of the position you have applied for?

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**2)** **Gender** - What is your gender? *(please mark what applies)*

Female Male Prefer not to say Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2a)** Is your present gender the same as the one assigned at birth? *(please mark what applies)*

Yes No Prefer not to say

**3)** **Marital Status** - Are you married or in a civil partnership? *(please mark what applies)*

Yes No Prefer not to say

**4) Age** - What age group are you? *(please mark what applies)*

16-24 25-34 35-44 45-54 55-64 65+

Prefer not to say

**5) Ethnicity** - *(please mark what applies)*

White - Scottish English Welsh Irish Northern Irish

 Gypsy/Irish Traveller Any other white background \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mixed - White and Asian White and Black African White and Black

 Any other mixed background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian or Asian British – Indian Pakistani Bangladeshi Chinese

 Any other Asian background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Black or Black British - African Caribbean Any other Black background \_\_\_\_\_\_\_\_\_\_\_\_

Other ethnic group: Arab Any other ethnic group Prefer not to say

**6) Disability** - Do you consider yourself to have a disability? *(please mark what applies)*

 Yes No Prefer not to say

**7) Sexual Orientation** *-* What is your sexual orientation?  *(please mark what applies)*

Heterosexual Gay / lesbian Bisexual Other Prefer not to say

**8) Religion** - What are your religious beliefs? *(please mark what applies)*

Buddhist Christian Hindu Jewish Muslim Sikh Other religion No religion

Prefer not to say

**9) Caring Responsibilities** - Do you have caring responsibilities? *(please mark what applies)*

Primary carer of a child or children (under 18)

Primary carer of disabled adult (18 and above)

Secondary carer

Prefer not to say

Primary carer of disabled child or children

Primary carer of older person (65 and above)

Other

No

**Thank you for your assistance.**