

Equal opportunities monitoring questionnaire

We are committed to being an Equal Opportunities employer where staff are selected solely on merit, and irrespective of race, sex, disability, or any other any of the protected characteristics.

In order to monitor the effectiveness of our Equal Opportunities policy and our reach across all areas of our communities, we ask all applicants to provide the following information by ticking the appropriate box. All information received is held in strict confidence and kept separate from your application, not affecting your application in any way.

Position applied for _____

Name _____

Where did you see our Advert? _____

1. I would describe my ethnic origin as:

White

- English
- Scottish
- Welsh
- Irish
- Any other white background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese or other ethnic group

- Chinese
- Any other group

2. Which of the following most accurately describe(s) you?:

How would you like us to address you?

 Female

 Male

 Non-binary

 Transgender

 Intersex

Let me type _____

 I prefer not to say

 She/her

 He/him

 They/them

Let me type: _____

 I prefer not to say
3. My marital status is:

 Single Married

 Living with Partner Divorced

 Other: Please state: _____

4. My age category is:

 16 to 25 26 to 35

 36 to 45 46 to 55

 56 to 65 Over 65
5. Do you consider that you have one or more impairments under the Equality Act 2010, previously referred to as Disability Discrimination Act (1995), such as those listed below?
 No Yes Do not wish to disclose

Please tick any that apply:

- | | |
|---|--|
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Wheelchair user |
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Dyslexia / dyspraxia | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Long-term medical condition or illness, including anything for which you take regular prescribed medication or need |
| <input type="checkbox"/> Mental health condition, whether current or previous (e.g. depression) | <input type="checkbox"/> regular medical treatment (e.g. diabetes, cancer, epilepsy, asthma etc) |
| <input type="checkbox"/> Blind or impaired vision not correctable by glasses | <input type="checkbox"/> Other: Please State _____ |
| <input type="checkbox"/> Deaf or hard of hearing | |

Please complete and return this along with your application form