Form EO

# Equal Opportunity Monitoring

Private and Confidential

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| Position Applied For: |  | Reference Number: |
|  |  |  |

We are 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.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I would describe my sex and ethnic group as:  (Please tick one box for your sex and one box for your ethnic group) | | | | | | | | | | | | |
| Sex | Male: | |  | |  | | | | | | |
| Female: | |  | |  | | | | | | |
| Prefer not to say: | |  | |  | | | | | | |
|  |  | | | |  | | | | | | |
| Ethnicity | White | | | | Mixed | | | | Asian, Asian British, Asian Scottish, Asian English or Asian Welsh | | | |
| English: | | |  | White/Black Caribbean: | | |  | Indian: |  |  | |
| Scottish: | | |  | White/Black African: | | |  | Pakistani: |  |  | |
| Welsh: | | |  | White/Asian: | | |  | Bangladeshi: |  |  | |
| Irish: | | |  |  | | | | | | | |
|  | | | | Black, Black British, Black English, Black Scottish or Black Welsh | | | | Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh | | | |
| Caribbean: | | |  | Chinese: |  |  | |
| African: | | |  |  | | | |
| Other Ethnicity (please specify) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Prefer not to say: | | | | | |  | | | | | |

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |