

## 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 ☐

#### Asian or Asian British

Indian ☐  
 Pakistani ☐  
 Bangladeshi ☐  
 Any other Asian background ☐

#### Chinese or other ethnic group

Chinese ☐  
 Any other group ☐

#### Mixed

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

#### Black or Black British

Caribbean ☐  
 African ☐  
 Any other Black background ☐

**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 ☐

Living with Partner ☐

Married ☐

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:**

☐ Cerebral palsy ☐ Physical impairment

☐ Wheelchair user

☐ Dyslexia / dyspraxia ☐ Speech impairment

☐ Autism

☐ Mental health condition, whether current or previous (e.g. depression)

☐ Learning difficulties

☐ Blind or impaired vision not correctable by glasses

☐ Long-term medical condition or illness, including anything for which you take regular prescribed medication or need

☐ Deaf or hard of hearing

☐ regular medical treatment (e.g. diabetes, cancer, epilepsy, asthma etc)

☐

☐ Other: Please State \_\_\_\_\_

**Please complete and return this along with your application form**