



## Equal Opportunities Monitoring Form

Your Name .....Post Applied For ..... Date .....

Gender Male  Female

Are you married or in a civil partnership yes  No

Age 16-24  25-29  30-34  35-39  40-44

45-49  50-54  55-59  60-64  65+  Prefer not to say

### How would you describe your national identity?

English  Welsh  Scottish  Northern Irish  British  Other

Prefer not to say

### What is your ethnicity?

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box.

#### White

English  Welsh  Scottish  Northern Irish

Irish  Gypsy or Irish Traveller  Other White background

#### Mixed/multiple ethnic groups

White and Black Caribbean  White and Black African

White and Asian  Any other mixed background

#### Asian/Asian British

Indian  Pakistani

Bangladeshi  Chinese  Any other Asian background

#### Black/ African/ Caribbean/ Black British

African  Caribbean

Any other Black/African/Caribbean background

#### Other ethnic group

Arab  Any other ethnic group

Prefer not to say



Do you consider yourself to be disabled? Yes  No  Prefer not to say

Any information you provide here will be used for monitoring purposes only – if you need a 'reasonable adjustment', then please follow the additional separate process. We will take reasonable steps to meet your particular needs.

### What is your sexual orientation?

Heterosexual/straight  Gay woman/lesbian

Gay man  Bisexual

Other  Prefer not to say

### What is your religion or belief?

No religion  Buddhist  Christian

Hindu  Jewish  Muslim

Sikh  Any other religion  Prefer not to say

### What is your current working pattern?

Full-time  Part-time  Prefer not to say

### What is your flexible working arrangement?

None  Flexi-time

Staggered hours  Term-time hours

Annualised hours  Job-share

Flexible shifts  compressed hours

Homeworking  Other

### 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 (65+

Secondary carer  Prefer not to say

By completing this form you have helped us better understand how we, as an employer, ensure equality of opportunity for all.

Thank you for completing this form