



Equal Opportunities Monitoring Form

Your NamePost 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