

EQUALITY OPPORTUNITIES & DIVERSITY MONITORING FORM JOB APPLICANTS

Job Reference No: _____

(— **name of Organisation** —) is committed to being an equal opportunities employer and we welcome applications from all sections of the community. We will ensure that all candidates for employment are treated fairly, and in order to monitor our responsibilities and to measure our progress towards widening diversity among our workforce, we would be grateful if you would answer the simple questions in the boxes below. The information you provide will remain anonymous and is for statistical monitoring purposes only. This 2-page form will be separated from your application upon receipt and is not used as part of the applicant selection process.

A: BASIC DETAILS								
Your age range:	16 - 20		Your marital status:	Married		Nationality:		
	21 - 25			Married / separated		Your gender:	Male	
	26 - 49			Divorced			Female	
	50 - 60			Single			Transgender	
	60+			Widowed				

B: ETHNICITY									
Please tick the box alongside the category that you feel best describes your ethnic origin, using the classification below									
WHITE:	British		MIXED RACE:	White and Black Caribbean		ASIAN or ASIAN BRITISH:	Indian		
	Irish			White and Black African			Pakistani		
	Any other White background			White and Black Asian			Bangladeshi		
BLACK or BLACK BRITISH:	Caribbean			Any other Mixed background			ANY OTHER ETHNIC GROUP	Any other Asian background	
	African								
	Any other Black background								

C: RELIGION / BELIEF							
Please tick your religion / belief group							
Christian		Muslim / Islam					
Adventist		Sikh					
Judaism		Rastafarian					
Mormon		Zoroastrian / Parsi					
Buddhist		Bahá'í					
Hindu		No religion					
Jainism		Do not wish to answer					

Form No: 03-1-2005 **EQUALITY OPPORTUNITIES & DIVERSITY MONITORING FORM**
JOB APPLICANTS

Job Reference No: _____

D: DISABILITY			
<p>The <i>Equality Act 2010</i>, provides for disabled people to have a legal right to fair treatment in employment matters. When answering this question please note that the <i>Equality Act 2010</i> defines a disability as “a mental or physical impairment which has a substantial and long-term adverse effect upon a person’s ability to carry out normal day-to-day activities”.</p> <p>Please tick the description(s) that you feel best describes your impairment:</p>			
NO DISABILITY	<input type="checkbox"/>	Unseen disability (e.g. diabetes, epilepsy, asthma)	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Autistic Spectrum Disorder (e.g. Asperger’s Syndrome)	<input type="checkbox"/>
Blind / Partially sighted	<input type="checkbox"/>	Personal Care Support	<input type="checkbox"/>
Deaf / Hearing impediment	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Wheelchair user / Mobility difficulties	<input type="checkbox"/>	Other mobility difficulty	<input type="checkbox"/>
Mental Health condition	<input type="checkbox"/>	Other disability	<input type="checkbox"/>

Thank you for your assistance