



# APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITIES ~CONFIDENTIAL~



We are an Equal Opportunities Employer. This means that all applicants for jobs will receive equal treatment irrespective of their race, gender, marital status, age, disability, religious beliefs, sexual orientation or employment status. The information you provide on this form will assist us in monitoring the effects of our equal opportunities policy in recruitment and selection and will help us to develop and improve.

The information on this form will not be seen by anyone directly involved in the selection process.

## 1. Job Details

Job title		Job Ref Number:	
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## 2. Personal Details

Title:		First name(s):		Last name:	
Date of Birth:			Age Group:	Under 16 <input type="checkbox"/> 17-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> Above 65 <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	

## 3. Gender Identity

Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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## 4. Cultural or Ethnic Origin

Asian <input type="checkbox"/>	Black <input type="checkbox"/>
Asian British <input type="checkbox"/>	Black British <input type="checkbox"/>
Other Asian background: <input type="checkbox"/>	Other black background <input type="checkbox"/>

Chinese <input type="checkbox"/>	Mixed <input type="checkbox"/>
Other ethnic group <input type="checkbox"/>	
White British <input type="checkbox"/>	If other please specify:
Other white background <input type="checkbox"/>	
Prefer not to say <input type="checkbox"/>	

## 5. Disability

Do you consider yourself to be a disabled person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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## 6. Religious Belief

Please select appropriate category:	Buddhism <input type="checkbox"/>
	Christianity <input type="checkbox"/>
	Hinduism <input type="checkbox"/>
	Judaism <input type="checkbox"/>
	Islam <input type="checkbox"/>
	Sikhism <input type="checkbox"/>
	Other religion/belief <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>

## 7. Sexual Orientation

Please select appropriate category:	Bisexual <input type="checkbox"/>
	Gay Man <input type="checkbox"/>
	Gay woman/lesbian <input type="checkbox"/>
	Heterosexual/straight <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>

## 7. Supplementary Information

Please identify if you would like any support or adjustments to be made to enable you to take part in the selection process for reasons such as religion, disability, medical or maternity.

Please state: (if applicable)	
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Please return this completed form with your application form

Thank you for your application.

