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| **EQUAL OPPORTUNITIES MONITORING FORM** | |
| This form is separate from the main application form. Its completion and submission is completely voluntary. Your  answers will be treated in the strictest confidence and the information you provide will only be used for monitoring  purposes. How you complete this form has no connection to the evaluation of your application in any way. All information  is stored securely. All data submitted by unsuccessful candidates will be destroyed responsibly after 6 months from the  date of interview. | |
| Post Applied For: …………………………………………………………  Surname: …………………………………………………………………  Forename(s): ……………………………………………………………  Gender: Male Female  Which age group do you apply to:  Under 20  21 - 29  30 - 39  40 - 49  50 - 59  60 and over | Do you consider yourself as having a disability? Yes No  If you have a disability what equipment, adaptations or  adjustments to working conditions would assist you in  carrying out your duties?  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |
| Which of the following best describes your Ethnic origin?  **White:**  British  Irish  Other  **Black or Black British:**  Caribbean  African  Other Black background    **Chinese or other ethnic group:**  Chinese  Any other ethnic group    **I give permission for the information on this form to be used by the Astrea HR team for monitoring purposes only.** | **Mixed:**  White & Black Caribbean  White & Black African  White & Asian  Other Mixed Group  **Asian or Asian British:**  Indian  Pakistani  Bangladesh  Other Asian  If “other” please specify: ………………………………………………  ……………………………………………………………………………………  ……………………………………………………………………………………  **Signed………………………………………………………**  **Date…………………………………………………………** |