

Equal opportunities monitoring form

We are committed to having a workforce that promotes equality and celebrates diversity. To help us monitor and achieve this, we gather and use information about job applicants and our workforce to continually improve our employment policies and to remove barriers to and within employment. The information you give is confidentially managed and does not affect your job application.

It will help us if you provide as much information as possible, but if you do not wish to answer any questions please leave them blank.

Role:

Where did you see this job advertised?

What age group are you (years)?

Up to 20	<input type="checkbox"/>	20-25	<input type="checkbox"/>	26-30	<input type="checkbox"/>	31-35	<input type="checkbox"/>	36-40	<input type="checkbox"/>	41-45	<input type="checkbox"/>	46-50	<input type="checkbox"/>	
51-55	<input type="checkbox"/>	56-60	<input type="checkbox"/>	61-65	<input type="checkbox"/>	66 +	<input type="checkbox"/>							

What is your title?

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	
Other (please specify):	Dr							

How do you describe your gender?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
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Is your gender identity the same as the gender you were assigned at birth?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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Do you consider your sexual orientation to be:

Heterosexual/ Straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Gay Man	<input type="checkbox"/>	Lesbian/Gay Woman	<input type="checkbox"/>	
Withheld	<input type="checkbox"/>							

What is your marital status?

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>	
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How do you describe your religion or belief (if any)?

Buddhism	<input type="checkbox"/>	Christianity	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>	Islam	<input type="checkbox"/>	
Judaism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>	Non belief	<input checked="" type="checkbox"/>	Withheld	<input type="checkbox"/>	
Other (please specify):								

Are you caring for someone who is disabled or elderly?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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Do you consider yourself to have a disability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you have answered 'yes', please select the definition/s from the list below that best describes your impairment:

Learning Disability/ Difficulty	<input type="checkbox"/>	Long standing illness or health condition	<input type="checkbox"/>	Mental Health condition	<input type="checkbox"/>	Physical or mobility impairment	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	Other	<input type="checkbox"/>	please specify:			

It would help us to know any barriers you have faced when dealing with us. Please also use this space to make suggestions on how we can improve.

How do you describe your ethnic origin?

Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

White

British	<input type="checkbox"/>	Cornish	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Gypsy	<input type="checkbox"/>	Roma	<input type="checkbox"/>	Travellers of Irish Heritage	<input type="checkbox"/>
Other white background (please specify):			European		

Mixed

White & Asian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Mixed Cornish	<input type="checkbox"/>				
Other mixed background (please specify):					

Black or Black British

African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Cornish	<input type="checkbox"/>
Other Cornish background (please specify):					

Asian

Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Cornish	<input type="checkbox"/>						
Other Asian background (please specify):							