**APPLICATION FOR EMPLOYMENT**

**EQUAL OPPORTUNITIES MONITORING FORM**

***~ 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.

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| **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  17-24  25-34  35-44  45-54  55-64  Above 65  Prefer not to say | | 🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 |

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| **3. Gender Identity** | | | |
| Gender: | Male 🞏 | Female 🞏 | Prefer not to say 🞏 |

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| **4. Cultural or Ethnic Origin** | | | |
| Asian  Asian British  Other Asian background: | 🞏  🞏  🞏 | Black  Black British  Other black background | 🞏  🞏  🞏 |
| Chinese  Other ethnic group | 🞏  🞏 | Mixed | 🞏 |
| White British  Other white background | 🞏  🞏 | If other please specify: | |
| Prefer not to say | 🞏 |  | |

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| **5. Disability** | | | |
| Do you consider yourself to be a disabled person? | Yes 🞏 | No 🞏 | Prefer not to say 🞏 |

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| **6. Religious Belief** | | |
| Please select appropriate category: | Buddhism  Christianity  Hinduism  Judaism  Islam  Sikhism  Other religion/belief  Prefer not to say | 🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏  🞏 |

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| **7. Sexual Orientation** | | |
| Please select appropriate category: | Bisexual  Gay Man  Gay woman/lesbian  Heterosexual/straight  Prefer not to say | 🞏  🞏  🞏  🞏  🞏 |

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| **8. 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.** |