



EQUAL OPPORTUNITIES MONITORING FORM

We recognise that everyone has a contribution to make in our society and a right to equal treatment. We aim to ensure that no applicant will be discriminated against on the grounds of: race, colour, nationality, ethnic or national origin, sex, marital status, caring responsibility, sexuality, age, physical or mental disability or mental health, political belief or religion, class, HIV status, employment status or unrelated criminal conviction.

THE FOLLOWING INFORMATION WILL BE USED FOR STATISTICAL PURPOSES ONLY.

WHAT IS YOUR EMPLOYMENT STATUS?

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Not actively seeking work | <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student | <input type="checkbox"/> Unable to work |
| <input type="checkbox"/> Government Training Scheme | <input type="checkbox"/> | <input type="checkbox"/> |

WHAT IS YOUR ETHNIC/CULTURAL ORIGIN?

- | BLACK | ASIAN | WHITE | OTHER GROUPS |
|------------------------------------|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> UK | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Irish | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> UK | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> European | <input type="checkbox"/> |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Bengali | <input type="checkbox"/> | <input type="checkbox"/> Other (<i>specify</i>) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Other | <input type="checkbox"/> | | |
| | <input type="checkbox"/> Other | | |

WOULD YOU CONSIDER YOURSELF TO BE DISABLED (WHETHER REGISTERED OR NOT)?

- NO YES

YOUR GENDER?

- Female Male

YOUR AGE?

- | | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> <15 | <input type="checkbox"/> 15-18 | <input type="checkbox"/> 19-25 | <input type="checkbox"/> 26-29 | <input type="checkbox"/> 30-34 | <input type="checkbox"/> 35-39 |
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> >65 |

This information will be treated in confidence and will play no part in the selection process. It will only be used to monitor the effectiveness of our Equal Opportunities policy.