**Equal Opportunities Monitoring Form**

We are committed to equal opportunities in our recruitment process and to find out how well we are doing we need to collect monitoring data. This form is voluntary but the information we collect here helps us to make sure that we are an inclusive employer and to find out if our workforce is diverse. The information you supply on this form is kept confidential. The form is not sent to the recruiting panel and is not part of the shortlisting process.

Where did you hear about this position?

**Ethnic origin and cultural background**

These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality.

|  |  |
| --- | --- |
| **Asian, Asian British, Asian English,** **Asian Scottish, or Asian Welsh** [ ]  Asian / Asian British [ ]  Bangladeshi [ ]  Chinese[ ]  Indian [ ]  Pakistani [ ]  Other Asian background  | **White** [ ]  British [ ]  English [ ]  Gypsy or Irish Traveller [ ]  Irish [ ]  Scottish [ ]  Welsh [ ]  Other White background        |
| **Black, Black British, Black English,** **Black Scottish, or Black Welsh**[ ]  African [ ]  Caribbean [ ]  Other Black background  | **Mixed or Multiple**[ ]  White and Asian [ ]  White and Black African [ ]  White and Black Caribbean [ ]  White and Chinese [ ]  Other mixed background  |
| **Other ethnic group**[ ]  Arab[ ]  Other ethnic group | [ ] Prefer not to say If you selected other specify if you wish:  |

**Gender Identification**

Please indicate gender: [ ]  Male [ ]  Female [ ]  Prefer not to say

Do you identify as transgender? [ ]  Yes [ ]  No**[ ]** Prefer not to say

**Age category**

[ ]  16 - 24 [ ]  25 - 34 [ ]  35 - 44 [ ]  45 - 54 [ ]  55 - 64 [ ]  65+

[ ]  Prefer not to say

**Sexual Orientation**

[ ]  Gay woman/ Lesbian [ ]  Bisexual [ ]  Gay Man

[ ]  Trans [ ]  Questioning [ ]  Heterosexual/ Straight

[ ]  Prefer not to say [ ]  Other, specify if you wish:

**Classification of Disability**

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

**Do you consider yourself to be disabled?**

**[ ]**  Yes [ ]  No [ ]  Prefer not to