

Equal Opportunities Monitoring Form

We would be grateful if you could complete all parts of this form.
The information is strictly confidential and will
only be used for monitoring purposes.

It will not be used as part of the selection process.

**Which
job?**

**Advertised
where?**

1. Sex and Gender Identity: What is your sex?

Please put an X in the relevant box, like this: [X]

Female [] Male [] Intersex [] Non-binary []
Prefer not to say []

Or specify your own term here: _____

Is the gender you identify with the same as your sex registered at birth?

Yes [] No [] Prefer not to say []

2. Disability: A disabled person, under the Equality Act 2010, has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. **Do you consider yourself to have a disability?**

Yes [] No [] Prefer not to say []

If you answered 'Yes' please describe the nature of your disability:

This information is for monitoring purposes only – if you need any reasonable adjustments, you should arrange these separately.

3. Sexuality: What is your sexual orientation?

Heterosexual [] Gay [] Lesbian [] Bisexual []
Prefer not to say []

Or specify your own term here: _____

4. Age: What is your age?

Under 25 [] 25–34 [] 35–44 [] 45–54 [] Over 55 []

5. Ethnic group: What is your ethnic background?

(Categories taken from 2021 census.)

Asian or Asian British	Black, Black British, Caribbean or African	Mixed or multiple ethnic groups
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background, please specify:	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black background, please specify:	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed or multiple background, please specify:
White	Other ethnic group	
<input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Other White background, please specify:	<input type="checkbox"/> Arab <input type="checkbox"/> Other ethnic group, please specify:	

Thank you for completing this form.
 It will be filed separately from your application.