

## Equal opportunities monitoring form

All information supplied will be treated in the strictest confidence.

### Disability

The Equalities Act 2010 defines a person with a disability as 'a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities'

Do you consider yourself to have a disability?

Yes

No

Prefer not to say

If 'yes', please specify  
.....

(If you require any reasonable adjustments to be made to facilitate you in this role, please discuss this with the manager during the recruitment process)

### Ethnicity

Which ethnic group do you consider yourself to belong to?

#### Asian / Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background  please specify .....

#### Mixed / multiple ethnicity

White and black Caribbean

White and black African

White and Asian

Other Mixed background  please specify .....

#### Black / African / Caribbean / Black British

Caribbean

African

Somali

Other Black background  please specify .....

**White**

British  English  Welsh  Scottish  Northern Irish  Irish

Gypsy or Irish Traveller

Other white background  please specify .....

**Other**

Middle Eastern  Any other ethnic or national group  please specify.....

Prefer not to say

**Religion, Faith or Belief**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

Other religion, faith or belief please specify .....

**Please tick appropriate boxes**

Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Self-Defined Other <input type="checkbox"/> Please specify .....			
Age	16 – 24 <input type="checkbox"/>	25 – 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 – 69 <input type="checkbox"/>	70 – 74 <input type="checkbox"/>	75+ <input type="checkbox"/>

Sexual orientation	Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Homosexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other <input type="checkbox"/> Please specify .....
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