

Equal Opportunities Monitoring Form

The Trust wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary.

Please indicate with an X which description best fits your gender:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Please indicate with an X which description best fits your ethnicity:

White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Gypsy or Irish Traveller	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>

Asian/ Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>

Mixed	White and Black Caribbean	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>
	White and Asian	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
		<input type="checkbox"/>

Black/ Black British	African	<input type="checkbox"/>
	Caribbean	<input type="checkbox"/>
	Any other black background	<input type="checkbox"/>

Prefer not to say	<input type="checkbox"/>
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Other	Arab	<input type="checkbox"/>
	Any Other Ethnic Group	<input type="checkbox"/>
	Not Known	<input type="checkbox"/>

Equality Act 2010

A person is covered under the Equality Act 2010 if they have a physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on their ability to carry out normal day to day activities. People who have had such a disability in the past are also covered.

Do you consider yourself covered under this act?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	not known	<input type="checkbox"/>
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If you answered 'yes' to the previous question, please indicate what type of disability/impairment:

Visual impairment		Cognitive or learning disabilities	
Hearing impairment/Deaf		Mental health condition	
Physical disabilities		Other long term/chronic conditions	

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual Prefer not to say

If you prefer to use your own term, please specify here:

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What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish

Muslim Sikh Prefer not to say If other religion or belief, please specify here:

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Is there anyone that relies on you for day-to-day assistance?

Yes	Children	
	Other family member / partner	
No		Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65+ Prefer not to say

Please tell us where you saw this post advertised:

Please return this form with your application. The information collected is confidential and is used for monitoring purposes only.