

EQUAL OPPORTUNITIES MONITORING FORM

In accordance with its equal opportunities statement, (*insert name of employer*) (“the Company”) will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins), religion or belief, sex or sexual orientation.

In order to enable the Company to ensure compliance with its policy statement, a system of monitoring has been set up. We have only asked for your name so that monitoring can take place both at the shortlisting for interview stage and at the appointment stage. Once an appointment has been made, the data given on this form will be stored on computer in an entirely anonymised format and the form will then be securely and effectively destroyed.

You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely by the Human Resources Department for the purpose of providing statistics for monitoring the existence or absence of equal opportunities in recruitment, with a view to enabling such equal opportunities to be promoted or maintained. This form does not comprise part of your job application and it will therefore be detached from it on receipt and stored separately. It will not be seen by the persons shortlisting, interviewing or making the recruitment decision. You can always mail this form separately if you wish.

You are under no obligation whatsoever to complete this form if you do not wish to do so. If you do complete it, thank you for your assistance in doing so.

Name:		
Post title:		
Gender:	Male	
	Female	
	Transgender	
	Undergone, or undergoing, male to female	
	Undergone, or undergoing, female to male	
	Non-binary	
	Other (please specify)	
	Prefer not to say	
Marital status:	Married	
	Single	
	In a civil partnership	
	Other (please specify)	
	Prefer not to say	
Age band:	Under 18	
	18 - 29	
	30 -39	

	40 - 49	
	50 - 59	
	60 - 65	
	Over 65	
	Prefer not to say	
Sexual orientation:	Heterosexual	
	Homosexual	
	Bisexual	
	Other (please specify)	
	Prefer not to say	
Disabilities:*	None	
	Physical disability (please specify)	
	Mental disability (please specify)	
	Prefer not to say	
Race/nationality/ethnic origin:	White	English
		Scottish
		Welsh
		Irish
		British
		Other white background (please specify)
	Mixed	White and Black Caribbean
		White and Black African
		White and Black British
		White and Asian
		Other mixed background (please specify)
	Asian	Indian
		Pakistani
		Bangladeshi
		British
		Other Asian background (please specify)
	Black	Caribbean
		African
		British
		Other black background (please specify)
	Chinese	
	Other ethnic group (please specify)	
	Prefer not to say	
Religion:	Christian (please specify denomination)	

	Jewish	
	Sikh	
	Muslim	
	Hindu	
	Buddhist	
	Rastafarian	
	Baha'i faith	
	Shinto	
	Chinese folk religion	
	Non-religious/non-believer	
	Other religion (please specify)	
	Prefer not to say	

*The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. Long term means that the impairment has lasted or is likely to last for at least twelve months or for the rest of the person's life, and substantial means that the adverse effect is more than minor or trivial. Where you are taking measures to treat or correct an impairment (other than by using spectacles or contact lenses) and, but for those measures, the impairment would be likely to have a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities, it still constitutes a disability. "Hidden" impairments, such as mental health conditions, diabetes and epilepsy may also count as disabilities where they meet the Equality Act's definition. In addition, cancer, multiple sclerosis and HIV infection are deemed to be disabilities from the point of diagnosis, even if you are currently able to carry out normal day-to-day activities, and if you have been certified as blind, severely sight impaired, sight impaired or partially sighted by a consultant ophthalmologist, you are deemed have a disability.

If you are not sure whether your health condition amounts to a disability, please specify it anyway, unless you would prefer not to say. For example, this might include:

- a sensory impairment, such as those affecting sight or hearing (excluding those that are corrected by wearing spectacles or contact lenses)
- an impairment with fluctuating or recurring effects, such as rheumatoid arthritis, myalgic encephalitis (ME), chronic fatigue syndrome, fibromyalgia, depression and epilepsy
- a progressive condition, such as motor neurone disease, muscular dystrophy and forms of dementia
- an auto-immune condition, such as lupus and Crohn's disease
- an organ specific condition, including a respiratory condition, such as asthma and cardiovascular disease
- a developmental condition, such as autistic spectrum disorder, dyslexia and dyspraxia
- a learning disability, such as Down's syndrome
- a mental health condition, an eating disorder, bipolar disorder, obsessive compulsive disorder, personality disorder and post-traumatic stress disorder
- mental illness, such as severe depression and schizophrenia
- a condition arising as a result of a bodily injury, such as a brain injury.

This list is intended to provide general guidance only and it is not exhaustive.

Consent form

I confirm that I have been given a genuine choice as to whether I wish to complete this form. My explicit consent to the Company processing my personal data supplied on this form, for the purpose of providing statistics for monitoring the existence or absence of equal opportunities in recruitment, is therefore freely given and informed.

I also understand that I have the right to withdraw my consent at any time and that I may do this by sending an e-mail or other written communication to the Company's [data protection officer] [data compliance manager] and I have been advised that they can be contacted as follows: (*insert their name and contact details, including e-mail address, telephone number and postal address*).

Signed:

Date: