**Equal Opportunities Monitoring Form**



**Do you identify as transgender?**

For the purpose of this question ‘transgender’ is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

Yes No Prefer not to say

We are an equal opportunities employer and want to ensure that all applicants are considered solely on their merits. Therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us do this we would be grateful if you could complete this short questionnaire. Yours answers will be treated with the utmost confidence and will be used only for statistical purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What is your ethnic group?** | | | **What is your religion?** | |
| a) White | English |  | Christianity |  |
|  | Irish |  | Buddhism |  |
|  | Scottish |  | Hinduism |  |
|  | Welsh |  | Judaism |  |
| b) Mixed | White & Black Caribbean |  | Islam |  |
|  | White & Black African |  | Sikhism |  |
|  | White & Asian |  | No religion |  |
|  | Any other mixed background – Please state | | Other – Please state | |
| c) Asian or Asian British | Indian |  |
| Pakistani |  | **Gender**: Male Female | |
|  | Bangladeshi |  | **Age:**  Date of Birth / / Age in Years | |
|  | Any other Asian background – Please state | |
|  |
| d) Black or Black British | Caribbean |  |
| African |  |
|  | Any other Black background – Please state | |
|  |
| e) Chinese or Other ethnic group | Chinese |  |
| Any other – Please state | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Marital Status:** | | | | | |
| Single | Divorced | Widowed | Married | Dissolved Civil Partnership | In a Civil Partnership |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sexual Orientation:** | | | | |
| Heterosexual | Gay woman | Prefer not to say | Gay man | Bisexual |
|  | | | | |

# Disability

The Disability Discrimination Act defines a disability as a ‘physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day to day activities

# Do you consider yourself to meet this definition? Yes No

**Where did you see this vacancy? :**