

Equal Opportunities Monitoring Form

We strive to operate a policy of equal opportunity and not discriminate against any person. This includes adhering to 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 help us monitor our effectiveness as an equal opportunities employer, but filling in this form is voluntary. Please return this form in an envelope marked Strictly Confidential.

This information will only be used for monitoring purposes.

Disability

Do you consider yourself to have a disability? Yes/No
 If Yes, are you registered disabled? Yes/No
 Prefer not say

Gender

Male Female Non-binary Prefer not to say
 If your term is not listed, please specify here

Marriage/Civil partnership status

Are you married or in a civil partnership? Yes No Prefer not to say

Sexual Orientation

Heterosexual Gay woman/lesbian Gay man Bisexual
 Prefer not to say
 If you prefer to use your own term, please specify here

Age

Under 21	<input type="checkbox"/>	31-40	<input type="checkbox"/>	51 - 65	<input type="checkbox"/>
21 – 30	<input type="checkbox"/>	41-50	<input type="checkbox"/>	Over 65	<input type="checkbox"/>

Religion/belief

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 her.....

Working patterns

What is your current working pattern?

- None Flexi-time Staggered hours Term-time hours Annualised hours Job-share
Flexible shifts Compressed hours Homeworking Prefer not to say
If other, please specify here.....

Caring responsibilities

Do you have any caring responsibilities?

- None Primary carer of a child/children (under 18) Primary carer of disabled child/children
Primary carer of disabled adult (18 and over) Primary carer of older person
Secondary carer (another person carries out the main caring role)
Prefer not to say

Ethnic Origin & Cultural Background

How would you describe your ethnic origin?

Choose ONE Section A to F, then tick the appropriate boxes to indicate your cultural background.

A White

- English Irish
 Scottish Welsh

Any other White background, please specify in

B Mixed / Multiple Ethnic Groups

- | | |
|---|--|
| <input type="checkbox"/> Mixed English | <input type="checkbox"/> White & Black Caribbean |
| <input type="checkbox"/> Mixed Scottish | <input type="checkbox"/> White & Black African |
| <input type="checkbox"/> Mixed Welsh | <input type="checkbox"/> White & Asian |
- Any other Mixed background, please specify in

C Asian / Asian British

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Asian English | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Asian Scottish | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Asian Welsh | <input type="checkbox"/> Bangladeshi |
- Any other Asian background, please specify in

D Black / African / Caribbean / Black British

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Black English | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Black Scottish | <input type="checkbox"/> African |
| <input type="checkbox"/> Black Welsh | |
- Any other Black background, please specify in

E Chinese / Chinese British

- | | |
|---|--|
| <input type="checkbox"/> Chinese English | <input type="checkbox"/> Chinese Welsh |
| <input type="checkbox"/> Chinese Scottish | <input type="checkbox"/> Chinese |
- Any other background, please specify in

F Other ethnic group

- Prefer not to say
- Any other background, please specify in