

EQUAL OPPORTUNITIES MONITORING FORM

Name: _____ Location: _____

Post applied for: _____ Proposed Start Date (if known) _____

Gender

Please tick

Male Female

Marital Status

Please tick

Single Married/Civil Partnership Divorced

Ethnic Origin

Please tick

a box from the list below which best describes the ethnic group to which you belong

White	British	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>
	Other White background Please specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Race	White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	<input type="checkbox"/>
	Other mixed background Please specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>
	Pakastani	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
	Other Asian background Please specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>
	Other Black background Please specify _____	<input type="checkbox"/>	<input type="checkbox"/>
Chinese or other ethnic group	Chinese	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
	Please specify _____	<input type="checkbox"/>	<input type="checkbox"/>
I do not wish to identify my ethnic group		<input type="checkbox"/>	<input type="checkbox"/>

Disability

Do you consider yourself to have a disability?

Yes No

As defined by the Disability Discrimination Act, 1995, a disability is:

"A physical or mental impairment which has a substantial and long-term adverse effect of a person's ability to carry out normal day-to-day activities".

Thank you for providing this information.