## **Equal Opportunities Monitoring Form**



## **EQUAL OPPORTUNITIES POLICY**

The Trust is an Equal Opportunities employer. The Trust operates an Equal Opportunities Policy, the aim of which is to ensure that unfair discrimination does not take place in recruitment. In order to help The Trust monitor the effectiveness of this policy (and for no other reason), you are asked to provide the information requested below. This information is confidential and the information on this form will not be taken into account when considering the application. This form will be kept separate from your application form when it is received,

B 488		□ Full Time □ Part Tin	ne		
Post title					
Surname	Title	(s)			
All names previously known by		Date of birth			
1. Are you: ☐ Male ☐ Fema	ale Cother				
2. Is your gender identity the same	e as the gender you were originally assigne	d at birth? ☐ Yes ☐ No	☐ Prefer not to say		
3. What is your nationality?					
4. To which of the following ethn indicate your cultural background.	ic groups do you consider you belong?	Choose one section from (a) to	(e) then tick the box to		
(a) White		(b) Black or Black British			
☐ British		☐ Black Caribbean			
☐ Irish		☐ Black African	☐ Black African		
☐ Gypsy or traveller		☐ Any other Black ba	☐ Any other Black background		
☐ Any other white backg	round	Please specify			
Please specify					
(a) Mixed		(d) Chinaga ar other Asian other	sia araun		
(c) Mixed		(d) Chinese or other Asian ethnic group			
☐ White and Black Carib	bbean	Chinese			
☐ White and Black Africa	an	Any other Asian background			
☐ White Asian		Please specify			
☐ Any other mixed					
Please specify					
(e) Asian or Asian British					
□ Indian	□ Bangladeshi				
☐ Pakistani	☐ Any other Asian background  Please specify				

5. What is your religion	ous belief? Ticl	k one box only	/						
☐ Christian (including C of E, Catholic, Protestant, and all other Christian)									
☐ Hindu		☐ Jewish		□ Muslim					
☐ None		☐ Sikh		☐ Other					
	Please specify								
6. Do you consider yourself to have a disability, impairment, health condition or learning difference? ☐ Yes ☐ No ☐ Unsure									
Please describe your disability, impairment or health condition. You may mark one of the boxes below, or use your own words here:									
7. To which age band do you belong? (Tick one box only)									
□ 16 - 19	□ 20 - 24	□ 25 - 29	□ 30 - 34	□ 35 - 39	□ 40 - 44				
<b>45 - 49</b>	□ 50 - 54	□ 55 - 59	□ 60 - 65	□ <i>Over</i> 65					

## THANK YOU FOR YOUR CO-OPERATION

All information provided on this form will be dealt with in accordance with the Data Protection Act 1984, amended 1998. This information may be computerised and used for administrative purposes within The Trust. All personal information computerised by The Trust has to be registered and may only be used and disclosed as described in the Data Protection Register.