**Equal Opportunities Monitoring**

We hope you will assist us by completing this form. The information is used to monitor the operation of the Association’s Equal Opportunities policies and the effectiveness of advertising, and for no other reason. The data will be treated with utmost confidentiality. It will not be considered in assessing information on your application form and is always removed prior to short-listing.

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| NAME: |
| POSTION APPLIED FOR: |

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| GENDER |
| Please tick one of the categoriesMale Female Prefer not to say If you are undergoing the process of gender reassignment, please tick the box that applies to your  future gender. |

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| AGE RANGE |
| Please tick one of the categories 16-24 25-34 35-44 45-54 55-64 65+ Prefer not to say |

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| SEXUALITY |
| Please tick one of the categories heterosexual/straight gay man gay woman/lesbian bi-sexual Prefer not to say |

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| MARITAL STATUS |
| Please tick one of the categories I am married I am single I am divorced I am widowed other Prefer not to say |

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| DISABILITY |
| The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and adverse effect on a person’s ability to carry out day to day activities”  Do you consider yourself to be disabled under the above definition? (Please tick as necessary) I am disabled I am not disabled Nature of disability (optional)………………………………………………………………………………….. |

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| **ETHNIC ORIGIN** |
| Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. Please note the categories listed below are approved by the Commission for Racial Equality.  How would you describe your ethnic origin? Please tick one of the categories below: White British White Irish White Other Mixed (White/Black) Caribbean Mixed African Mixed Asian Mixed Other Asian (or Asian British) Indian Pakistani Bangladeshi Asian Other Black (or Black British) Caribbean Black African Black Other Chinese  Other Ethnic Group-please state ……………………………………………………………. |

Finally, how did you hear about this opportunity? ……………………………………………………………………………………………………………..

Please return this form along with the application for the specific role you applied.