

Equal Opportunities Monitoring Form

Completion of this form is optional. The data will only be used for general statistical and monitoring purposes and will not be taken into account when assessing your application form. Completed monitoring forms are anonymous and processed separately.

By completing this form you will help us better understand how we, as an employer, can ensure equality of opportunity for all. This is sensitive personal data and will be treated in line with the requirements of Data Protection legislation.

(Please double click to mark the correct boxes)

Gender

Male Female Prefer not to say
Transgender Transsexual Other

Relationship Status (* delete as appropriate)

Married/separated * Civil Partnership
Single/widowed/divorced * Live with partner/Other *
Prefer not to say

Age

16-24 25-29 30-34 35-39 40-44
45-49 50-54 55-59 60-64 65+
Prefer not to say

What is your nationality?

What is your ethnicity?

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box

White
English Welsh Scottish
Northern Irish Irish Other White background

Mixed/multiple ethnic groups
White and black Caribbean White and black African
White and Asian Any other mixed background

Asian/Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>		

Black/African/Caribbean/ Black British			
African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Any other Black/African/ Caribbean background	<input type="checkbox"/>		

Other Ethnic group			
Arab	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>

Prefer not to say

Do you consider yourself to be disabled?

Yes No Prefer not to say

Any information you provide here will be used for monitoring purposes only.

What is your sexual orientation?

Heterosexual	<input type="checkbox"/>	Gay woman/lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

What is your religion or belief?

No religion	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Any other religion	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Do you have caring responsibilities? If yes please tick all that apply

None	<input type="checkbox"/>		
Primary carer of child/children (under 18)	<input type="checkbox"/>	Primary carer of disabled child/children	<input type="checkbox"/>
Primary carer of disabled adult	<input type="checkbox"/>	Primary carer of older person (65+)	<input type="checkbox"/>
Secondary carer	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

By completing this form you have helped us better understand how we, as an employer, ensure equality of opportunity for all. Please email completed forms to hr@asst.org.uk

Thank you for completing this form.