



Equal Opportunities Monitoring Form

In order to ensure that our Equality & Diversity Policy is effective, we would be grateful if you would complete this form. The information will not be used for any purpose other than monitoring our Policy and will not be used for shortlisting or interview purposes.

Surname : **Forenames :** **Position :**

Please indicate which of the following ethnic categories best describes you. (Groupings are listed in accordance with the Equality and Human Rights guidelines and these categories are checked annually)

- | | |
|-----------------------------------|-------------------------|
| White - British | Asian - Bangladeshi |
| White - Irish | Other Asian Background |
| White - Other | Black - British |
| Mixed - White and Black Caribbean | Black – Caribbean |
| Mixed – White and Black African | Black – African |
| Mixed - White and Asian | Black - Other |
| Mixed - Other | Chinese |
| Asian - Indian | Other/Prefer not to say |
| Asian - Pakistani | |

Gender (please tick): Male Female

Status (please tick):

Date of Birth:

Married Single Widowed Civil Partnership
Other

Do you have responsibility for dependants? Yes No

Religion – Are you? Christian (if Christian, please state denomination)

Buddhist Hindu Jewish Muslim None

Other (if 'other' please state religion)

Disability

Do you consider yourself to have a Disability? Yes No

If 'Yes', please describe the nature of your disability:

Signed : **Date :**