



EQUAL OPPORTUNITIES MONITORING

Name:	Position applied for:
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We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no application or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

Gender:	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
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<p>White</p> <p>English <input type="checkbox"/> Scottish <input type="checkbox"/></p> <p>Welsh <input type="checkbox"/> Irish <input type="checkbox"/></p> <p>Other White background, please specify</p> <p>_____</p>	<p>Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Other Mixed background, please specify</p> <p>_____</p>	<p>Asian, Asian British, Asian English Asian Scottish or Asian Welsh</p> <p>Indian <input type="checkbox"/> Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other Mixed background, please specify</p> <p>_____</p>
<p>Black, Black British, Black English/Scottish or Welsh</p> <p>Caribbean <input type="checkbox"/> African <input type="checkbox"/></p> <p>Other Mixed background, please specify</p> <p>_____</p>	<p>Chinese, Chinese British, Scottish or Welsh</p> <p>Chinese <input type="checkbox"/></p>	<p>Any other background Please specify</p> <p>_____</p>

Do you consider yourself to have a disability or long-term health condition?

- Yes
- No
- Prefer not to say

If yes, please specify the nature of your disability or health condition:

- Physical impairment
- Sensory impairment (e.g., hearing or sight)
- Mental health condition
- Learning disability/difficulty
- Long-term illness
- Other (please specify)
- Prefer not to say

Do you require any adjustments or accommodations to perform your job effectively?

- Yes
- No
- Prefer not to say

If yes, please describe the adjustments or accommodations you require:

Name:

Signed:

Date: