|  |
| --- |
| **Equal opportunities monitoring form** |
| We are committed to having a workforce that promotes equality and celebrates diversity. To help us monitor and achieve this, we gather and use information about job applicants and our workforce to continually improve our employment policies and to remove barriers to and within employment. The information you give is confidentially managed and does not affect your job application.It will help us if you provide as much information as possible, but if you do not wish to answer any questions please leave them blank. |
| Job number: |  |  |  |  |  |  |  |  |  |
| Where did you see this job advertised? |  |

|  |
| --- |
| **What age group are you (years)?** |
| Up to 20 |  | 20-25 |  | 26-30 |  | 31-35 |  | 36-40 |  | 41-45 |  | 46-50 |  |  |
| 51-55 |  | 56-60 |  | 61-65 |  | 66 + |  |  |

|  |
| --- |
| **What is your title?** |
| Mr |  | Mrs |  | Miss |  | Ms |  |  |
| Other (please specify): |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **How do you describe your gender?** |
| Male |  | Female |  |  |

|  |
| --- |
| **Is your gender identity the same as the gender you were assigned at birth?** |
| Yes |  | No |  |  |

|  |
| --- |
| **Do you consider your sexual orientation to be:** |
| Heterosexual/Straight |  | Bisexual |  | Gay Man |  | Lesbian/GayWoman |  |  |
| Withheld |  |  |

|  |
| --- |
| **What is your marital status?** |
| Single |  | Married |  | Divorced |  | Widowed |  | Civil Partnership |  |  |

|  |
| --- |
| **How do you describe your religion or belief (if any)?** |
| Buddhism |  | Christianity |  | Hinduism |  | Islam |  |  |
| Judaism |  | Sikhism |  | Non belief |  | Withheld |  |  |
| Other (please specify): |  |  |

|  |
| --- |
| **Are you caring for someone who is disabled or elderly?** |
| Yes |  | No |  |  |

|  |
| --- |
| **Do you consider yourself to have a disability?** |
| Yes |  | No |  |  |
| If you have answered ‘yes’, please select the definition/s from the list below that best describesyour impairment: |
| Learning Disability/Difficulty |  | Long standing illness or healthcondition |  | Mental Healthcondition |  | Physical or mobility impairment |  |
| Sensory Impairment |  | Other |  | please specify: |
| It would help us to know any barriers you have faced when dealing with us. Please also use this space to make suggestions on how we can improve. |
|  |

|  |
| --- |
| **How do you describe your ethnic origin?** |
| Please read through carefully before selecting the ethnic group that you feel most closely reflects your background. |

|  |
| --- |
| **White** |
| British |  | Cornish |  | Irish |  |  |
| Gypsy |  | Roma |  | Travellers of Irish Heritage |  |  |
| Other white background (please specify): |  |

|  |
| --- |
| **Mixed** |
| White & Asian |  | White & Black African |  | White & Black Caribbean |  |  |
| Mixed Cornish |  |  |
| Other mixed background (please specify): |  |

|  |
| --- |
| **Black or Black British** |
| African |  | Caribbean |  | Cornish |  |  |
| Other black background (please specify): |  |

|  |
| --- |
| **Asian** |
| Bangladeshi |  | Chinese |  | Indian |  | Pakistani |  |
| Cornish |  |  |  |  |  |  |  |
| Other Asian background (please specify): |  |