**Equal opportunities monitoring form**

In the interests of monitoring our recruitment procedures we would be grateful if you could complete this form. We will separate this document from the application form and it will not take part in any selection process. The information will only be analysed after the job has been appointed.

**Which gender do you identify with?**

Man  Woman  Intersex  Non-binary

Prefer not to say

If you prefer to use your own term, please specify here …………………….

**What is your ethnic group?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

**A. White**

English / Welsh / Scottish / Northern Irish / British

Irish  Gypsy or Irish Traveller

Any other White background, please write in …………………………………..

**B. Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African

White and Asian  Other Mixed, please write in………………………

**C. Asian or Asian British**

Indian  Pakistani

Bangladeshi  Chinese

Any other Asian background, please write in ……………………………………………..

**D. Black or Black British**

Caribbean  African

Any other Black background, please write in …………………………………

**E. Other ethnic group**

Arab

Any other ethnic group, please write in …………………………………………

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

Yes  No Prefer not to say

**What age group do you belong to?**

Under 25  26 – 35  36 – 50

51 and over  Prefer not to say

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual

Prefer not to say If you prefer your own term please specify …………………………………………

**What is your religion or belief?**

None  Buddhist  Christian  Hindu

Jewish  Muslim  Sikh  Prefer not to say

Other, please specify ……………………………….

**What is your current working pattern?**

Full Time  Part Time  Prefer not to say

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours

term time only  annualised hours  Job-share

Flexible shifts  Compressed hours  Homeworking

Prefer not to say  If other, please write in …………………………………………….

**Do you have caring responsibilities? Please tick all that apply**

None

Primary carer for child/children under 18

Primary carer of disabled child/children

Secondary carer (another person carries out the main caring role)

Prefer not to say

If other, please write in …………………………………………….

**Thank you for providing this information to assist us with our recruitment monitoring**