

# Equal Opportunities Monitoring Form

Full Name: \_\_\_\_\_

Post Applied for: \_\_\_\_\_ Where did you see the post advertised? \_\_\_\_\_

The Association's Equal Opportunities Policy aims to ensure that individuals are not discriminated against on the grounds of gender, marital status, disability, race, colour, nationality, ethnic origin, religion, age, sexual orientation or any other grounds that cannot be justified. In order to monitor the effectiveness of the policy, all job applicants are asked to complete this form. The information in sections 1, 2, 3, 4 and 6 will not be made available to the selection panel and will be used for monitoring purposes only.

Please complete all six sections of the questionnaire by placing a tick (✓) or by providing information where appropriate in the classification box applying to you in each section. Please return this form in the sealed envelope provided along with your application form.

## SECTION 1 – Gender

Male ( ) Female ( )

## SECTION 2 - Age

Years \_\_\_\_\_

## SECTION 3 – Disability

The Disability Discrimination Act 1995 makes employers, companies and service providers legally liable for discrimination against disabled people. Under this Act you are regarded as having a disability if you have a long term physical or mental impairment which **affects your ability to carry out normal day to day activities**. Long term is defined as lasting 12 months or more. Please tick the appropriate box:

Disabled ( ) Not Disabled ( )



**The Association welcomes applications from people with disabilities. All applicants who declare a disability will be guaranteed an interview if they meet the minimum criteria for the post.**

If you have ticked Disabled, do you have any special requirements if attending for interview?

\_\_\_\_\_

## SECTION 4 – Ethnic Origin

Individuals should determine with which of the undernoted categories they most closely associate themselves having regard to their ethnic or cultural background.

White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian <input type="checkbox"/>	Any other background <input type="checkbox"/>
Scottish <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Mixed <input type="checkbox"/>
Other British <input type="checkbox"/>	African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Arab <input type="checkbox"/>
Irish <input type="checkbox"/>	Any other <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Arab Scottish <input type="checkbox"/>
Gypsy/Traveller <input type="checkbox"/>		Chinese <input type="checkbox"/>	Arab British <input type="checkbox"/>
Polish <input type="checkbox"/>		Any other <input type="checkbox"/>	Multiple ethnic background <input type="checkbox"/>
Any Other <input type="checkbox"/>			

## SECTION 5 – Nationality

Please Specify \_\_\_\_\_

## SECTION 6 – Religion

Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Other Religion <input type="checkbox"/>
Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Sikh <input type="checkbox"/>	No Religion <input type="checkbox"/>

Thank you for your co-operation in completing this questionnaire.  
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