**Equality Monitoring Form**

**EQUAL OPPORTUNITIES MONITORING FORM**

**CONFIDENTIAL**

CfD is working towards increasing our diversity in all aspects of our work. In order for us to collect and monitor accurate information about the diversity of job applicants we are asking you to fill in this form. The information you give to us will be treated in the strictest confidence. This form is separated from the application form.  
  
If you choose not to complete any parts of this form your application will not be affected in any way.

**Disability**

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you consider yourself to be a disabled person?** | |  | **Religion** | |
| Yes |  |  | None |  |
| No |  |  | Christian (all denominations) |  |
| Do not wish to disclose |  |  | Buddhist |  |
| **Sexual Orientation** | |  | Hindu |  |
| Heterosexual |  |  | Jewish |  |
| Gay Man/Homosexual |  |  | Muslim |  |
| Lesbian |  |  | Sikh |  |
| Bisexual |  |  | Other – please specify |  |
| Other |  |  | Do not wish to disclose |  |
| Do not wish to disclose |  |  |  |  |
| **Gender** | |  | **Transgender?** | |
| Male |  |  | Yes |  |
| Female |  |  | No |  |
| Other – please specify |  |  | Do not wish to disclose |  |
| Do not wish to disclose |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | | | |  |  | | |
| **Ethnicity** | | | | | | | | | | |  |
| **WHITE** | | | | | |  | **ASIAN or ASIAN BRITISH** | | | |  |
| British/Northern Irish | | | | |  |  | Indian | | |  |  |
| Irish | | | | |  |  | Pakistani | | |  |  |
| East European | | | | |  |  | Bangladeshi | | |  |  |
| Romany or Irish Traveller | | | | |  |  | Chinese | | |  |  |
| Other – please specify | | | | |  |  | Other – please specify | | |  |  |
| **MIXED** | | | | | |  | **OTHER ETHNIC GROUP** | | | |  |
| White & Black Caribbean | | | | |  |  | Arab | | |  |  |
| White & Black African(non Somali) | | | | |  |  | Iranian | | |  |  |
| White & Asian | | | | |  |  | Iraqi | | |  |  |
| Other– please specify | | | | |  |  | Kurdish | | |  |  |
| **BLACK or BLACK BRITISH** | | | | | |  | Turkish | | |  |  |
| African (non Somali) | | | | |  |  | Other – please specify | | |  |  |
| Somali | | | | |  |  | Do not wish to disclose | | |  |  |
| Caribbean | | | | |  |  |  | | |  |  |
| Other– please specify | | | | |  |  |  | | |  |  |
|  | | | | |  |  |  | | |  |  |
| **If you have any of the following impairments, please tick the boxes** | | | | | |  | **If you are deaf, how do you describe yourself:** | | | |  |
| Autism | | | | |  |  | Hard of hearing | | |  |  |
| Dementia | | | | |  |  | Deaf | | |  |  |
| Head Injuries | | | | |  |  | Deaf BSL-user | | |  |  |
| Learning Difficulty | | | | |  |  | Deafened | | |  |  |
| Long Term Medical Issues | | | | |  |  | Deaf-Blind | | |  |  |
| Mental Health | | | | |  |  | Other (please describe) | | |  |  |
| Not Specified/Other | | | | |  |  |  | | |  |  |
| Physical Impairment | | | | |  |  |  | | |  |  |
| Speech Impairment | | | | |  |  |  | | |  |  |
| Specific Learning Difficulty e.g. dyslexia, dyspraxia | | | | |  |  |  | | |  |  |
| Stroke and Aphasia | | | | |  |  |  | | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Age** | |  | **Marital Status** | |  |
| Under 25 |  |  | Single |  |  |
| 25-34 |  |  | Married/in a registered same-sex civil partnership |  |  |
| 35-44 |  |  | Separated, but still legally married/in a registered same-sex civil partnership |  |  |
| 45-54 |  |  | Divorced/formerly in a same-sex civil partnership which is now legally dissolved |  |  |
| 55-64 |  |  | Windowed/Surviving partner from a same-sex civil partnership |  |  |
| 65+ |  |  | Do not wish to disclose |  |  |
| Do not wish to disclose |  |  |  |  |  |
|  |  |  |  |  |  |
| **I do not wish to provide any of the information requested on this form** | | | |  |  |