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# **Equal Opportunities Monitoring Information**

We would be very grateful if you could complete this form fully. These pages will be separated from your application before your application goes to the panel for shortlisting. This form will be retained for monitoring and communication purposes only. The information you provide on this form will not be passed to the shortlisting panel nor form any part of the selection process.

To ensure that the aims of our Equal Opportunities Policy are being adhered to, we need to record certain details about the people who apply for our jobs. We hope that, seen in the context of Equal Opportunities, these questions will give no cause for offence. Completion of this form is voluntary.

## Age

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 16-24 |  | 25-29 |  | 30-34 |  | 35-39 |  |
| 40-44 |  | 45-49 |  | 50-54 |  | 55-59 |  |
| 60-64 |  | 65+ |  | Prefer not to say | | |  |

## Gender

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Transgender Male |  | Intersex |  |
| Female |  | Transgender Female |  | Non-binary |  |
| Prefer not to say | | | | |  |
| If you prefer to use your own term, please specify here: | | |  | | |

## Are you married or in a civil partnership?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

## What is your ethnicity?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** | | | | | |
| British |  | English |  | Northern Irish |  |
| Scottish |  | Welsh |  | Irish |  |
| Gypsy or Irish Traveller |  | Prefer not to say | | |  |
| Any other white background, please write in: | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Mixed/multiple ethnic groups** | | | | | | |
| White & Black Caribbean |  | White & Black African | |  | White & Asian |  |
| Prefer not to say | | | | | |  |
| Any other mixed background, please write in: | | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Asian/Asian British** | | | | | |
| Indian |  | Pakistani |  | Bangladeshi |  |
| Chinese |  | British |  | Prefer not to say |  |
| Any other Asian background, please write in: | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Black/African/Caribbean/Black British** | | | | | | |
| African |  | Caribbean |  | | British |  |
|  |  |  |  | | Prefer not to say |  |
| Any other Black/African/Caribbean background, please write in: | | | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Other ethnic group** | | | | |
| Arab |  | Prefer not to say |  |  |
| Any other ethnic group, please write in: | | |  | |

## Do you consider yourself to have a disability, health condition, or are you neurodiverse?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes | |  | No |  | Prefer not to say |  |
| What is the effect or impact of your disability, health condition, or neurodiversity on your ability to give your best in the role of Director? | | | | | | |
| Please write here: |  | | | | | |

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with us during the recruitment process.

## What is your sexual orientation?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Gay |  | Lesbian |  |
| Bisexual |  | Prefer not to say | | |  |
| If you prefer to use your own term, please specify here: | | |  | | |

## What is your religion or belief?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No religion or belief |  | Buddhist |  | Christian |  |
| Hindu |  | Jewish |  | Muslim |  |
| Sikh |  | Prefer not to say | | |  |
| If other religion or belief, please write in: | | |  | | |

## Do you have caring responsibilities?

If yes, please tick all that apply

|  |  |  |  |
| --- | --- | --- | --- |
| None |  | Primary carer of a child/children |  |
|  |  | (under 18) |  |
| Primary carer of disabled child/children |  | Primary carer of disabled adult |  |
|  |  | (18 and over) |  |
| Primary carer of older person |  | Secondary carer |  |
|  | (another person is the main carer) | |  |
| Prefer not to say | | |  |

Thank you so much for taking the time to complete this form.

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