**EQUAL OPPORTUNITIES MONITORING FORM - IS SECTION TO BE COMPLETED BY ALL APPLICANTS (this form will not be used as part of any selection process)**

Please help ***Black Country Women’s Aid*** prevent unfair discrimination by answering ALL of the following questions and ticking the appropriate box. This information will be treated in the strictest confidence and only used to enable us to monitor our performance as an equal opportunities employer. It will not be seen or used by anyone involved in selecting candidates for interview.

|  |  |  |
| --- | --- | --- |
| Post Title: | Post No: | |
| First name(s): | Surname: | |
| Age: | Male: | Female: |
| **Ethnic Origin/Nationality:** **My Ethnic Origin is:**  Please quote a number from the list given below   |  |  |  | | --- | --- | --- | | **White** | **Mixed** | **Asian** | | 01 British | 21 Black and White Caribbean | 41 Indian or British Indian | | 02 Irish | 22 Black and White African | 42 Pakistani, British Pakistani | | 19 Other white | 27 Chinese and White | 43 Bangladeshi, British Bangladeshi | |  | 28 Any other mixed background | 44 Other Asian, British Asian | |  |  |  | | **Black** | **Other** |  | | 61 Caribbean | 81 Chinese | 99 Prefer not to say | | 62 African | 85 Any Other |  | | 63 Other Black or Black British | |  | |  | |  | | | |
| **Sexual Orientation:**  Bisexual Gay Heterosexual Lesbian Prefer not to say | | |
| **Religion** (please tick one box only; categories determined by Office of Population Census and Surveys):  Christian Buddhist Hindu Jewish Muslim  Sikh All other religions, beliefs or faiths No religion Prefer not to say | | |
| **Disability:**  The Disability Discrimination Act defines disability as a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.  Do you consider yourself to be disabled? Yes No  If Yes what is the nature of your disability?    If you are disabled, are there any arrangements we can make for you at interview (e.g. ground floor venue, hearing loop, sign language interpreter, audio tape or other adjustments). Please detail requirements:  We will interview all disabled applicants who meet the minimum (i.e. essential) criteria for a post vacancy and consider them on their skills and experience. Please sign here if you are happy for your details to be passed to the interviewing manager so that you can be considered under the two tick’s scheme.    Signature Print name in full | | |
| It would also help us to know any barriers you have faced when dealing with us and we would be grateful if you would also use this space to make suggestions on how we can improve. | | |

**Office use only**

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| --- | --- | --- | --- | --- | --- |
|  | yes | no |  | yes | no |
| Shortlisted |  |  | Attend interview |  |  |
| Invited to interview |  |  | Successful in role |  |  |