

**Equal Opportunities Monitoring Form**

**CONFIDENTIAL**

In accordance with equal opportunities Enchanted Forest Community Trust will provide equal opportunities to any employee, job applicant and Trustees of our Board and will not discriminate either directly or indirectly because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

In order to ensure that we are adhering to equal opportunities we have an equal opportunities monitoring system where we monitor all applications received. We would therefore be grateful if you would complete the questions on this form.

This form is separated from your application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence. The information you provide will only be used for monitoring purposes and to assist us with improving our recruitment process to ensure we are reaching all sections of the community. How you complete this form has no connection to the evaluation of your application in any way.

|  |  |
| --- | --- |
| **Role Applying For:** |  |
| **Date of Birth** |  |

**Vacancy**

How did you hear about this vacancy?

Advertisement

Email/Newsletter

Facebook

Family or Friend

Magazine Article

Newspaper Story

TV/Radio

Twitter

Website/Search Engine

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status**

Single

Married/Civil Partner

Divorced/Person whose Civil Partnership has been dissolved

Widowed/Surviving Civil Partner

Separated

I do not wish to disclose my marital status

**Age**

Please select you age group:

16 - 19

20 – 29

30 – 39

40 – 49

50 – 59

60 and over

I do not wish to disclose my age

**Gender Identity – Sex**

Male

Female

Transgender

I do not wish to disclose my gender

**Gender Orientation**

How would you describe your sexual orientation?

Heterosexual/straight

Gay Man

Gay Woman/Lesbian

Bisexual

Other

I do not wish to disclose my gender orientation

**Disability**

Do you consider yourself to have a disability?

Yes

No

I do not wish to disclose whether I have a disability

If Yes, please state the type of impairment which applies to you. You may indicate more than one category.

Physical impairment

Sensory impairment

Mental health condition

Learning disability/ difficulty

Long-standing illness

Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic Origin**

What is your ethnic group? Please choose one selection from (a) to (g) and then tick the appropriate box to indicate your cultural background.

|  |  |
| --- | --- |
| (a) White | British  Irish  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (b) Dual Heritage | White and Black Caribbean  White and Black African  White and Asian  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (c) Asian | British  Indian  Pakistani  Bangladeshi  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (d) Black | British  Caribbean  Africa  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (e) Chinese or Other | Chinese  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (f) | Any other ethnic group, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (g) | I do not wish to disclose my ethnic origin |

**Faith/Religion/Belief**

What is your faith / religion / belief? Please tick one box only.

Agnostic

Atheist

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other. Please specify

I do not wish to disclose my faith/religion/belief

**Thank you for completing this form to assist with effective monitoring processes.**