

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

- Man
- Women
- Genderqueer/ Non-binary
- I do not wish to disclose my gender
- Other _____

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.