

Template 3.2 - Equal Opportunities Monitoring Form

In accordance with its equal opportunities statement, the company will provide equal opportunities to all employees and job applicants, and will not discriminate either directly or indirectly on the grounds of race, colour, nationality, national origin, ethnic origin, marital status, sexual orientation, gender, disability, religion or age.

In order for the company to ensure compliance with its equal opportunities policy statement, a system of monitoring has been set up. We have only asked for your name so that monitoring can take place at both the short-listing for interview stage and at the appointment stage. Once an appointment has been made, the data given on this form will be stored on the computer in an anonymised format and the form will then be destroyed.

You may, of course, decide not to answer one or any of these questions, but if you do respond, all information provided will be treated in the strictest confidence and used only for the purposes of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore will be detached from it on receipt and stored separately. You can always email this form separately, if you wish.

Thank you for your assistance in completing this form.

GENDER			
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

MARITAL STATUS			
Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

AGE BAND			
Under 18 <input type="checkbox"/>	18-29 <input type="checkbox"/>	30-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>
50-59 <input type="checkbox"/>	60-65 <input type="checkbox"/>	Over 65 <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

SEXUAL ORIENTATION			
Heterosexual <input type="checkbox"/>	Homosexual <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Transsexual <input type="checkbox"/>
Prefer not to say <input type="checkbox"/>			

DISABILITY			
None <input type="checkbox"/>	Physical disability <input type="checkbox"/>	Mental disability <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

RACE/NATIONALITY/ETHNIC ORIGIN				
White	English <input type="checkbox"/>	Scottish <input type="checkbox"/>	Welsh <input type="checkbox"/>	Irish <input type="checkbox"/>
	British <input type="checkbox"/>	Other white background <input type="checkbox"/> (please specify)		
Mixed	White and Black Carribean <input type="checkbox"/>		White and Black African <input type="checkbox"/>	
	White and Black British <input type="checkbox"/>		White and Asian <input type="checkbox"/>	
	Other mixed background <input type="checkbox"/> (please specify)			
Asian	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	British <input type="checkbox"/>
	Other Asian background <input type="checkbox"/> (please specify)			
Black	Black Carribean <input type="checkbox"/>		Black African <input type="checkbox"/>	
	Black British <input type="checkbox"/>		Other Black background <input type="checkbox"/> (please specify)	
Chinese <input type="checkbox"/>				
Other ethnic group <input type="checkbox"/>				
Prefer not to say <input type="checkbox"/>				

RELIGION			
Buddhist <input type="checkbox"/>	Catholic <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>
Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Rastafarian <input type="checkbox"/>	Sikh <input type="checkbox"/>
None <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)	Prefer not to say <input type="checkbox"/>	

For the purposes of compliance for the *Data Protection Act 1998*, I hereby confirm that, by completing this form, I give my consent to the company processing the data supplied on this form for the purposes of equal opportunities monitoring.

Signed: **Name:**

Date: