**Equal Opportunities Monitoring Form**

To assist us in the monitoring of our Equal Opportunities in Employment Policy we hope you will take the time to complete this form. This is sensitive personal data and will be treated with the utmost confidentiality in line with the requirements of Data Protection legislation. The data will only be used for statistical and monitoring purposes and will be anonomised in any report.

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| **Position applied for:** | Maintenance Officer |
| **Where did you see this post advertised?** |  |

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| 1. **ETHNIC ORIGIN (based on Census 2011 categories)**
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How would you describe your ethnic group?

Choose ONE section from A to F, then tick ONE box which best describes your ethnic group or background.

|  |  |
| --- | --- |
| **A: WHITE** | **B: MIXED OR MULTIPLE ETHNIC GROUPS** |
| [ ]  Scottish[ ]  Other British[ ]  Irish[ ]  Gypsy/Traveller[ ]  Polish[ ]  Other white ethnic group, please specify: | [ ]  Any mixed or multiple ethnic groups, please specify: |
| **C: ASIAN, ASIAN SCOTTISH OR ASIAN BRITISH** | **D: AFRICAN** |
| [ ]  Pakistani, Pakistani Scottish or Pakistani British[ ]  Indian, Indian Scottish or Indian British[ ]  Bangladeshi, Bangladeshi Scottish or Bangladeshi British[ ]  Chinese, Chinese Scottish or Chinese British[ ]  Other, please specify: | [ ]  African, African Scottish or African British[ ]  Other, please specify: |
| **E: CARIBBEAN OR BLACK** | **F: OTHER ETHNIC GROUP** |
| [ ]  Caribbean, Caribbean Scottish or Caribbean British[ ]  Black, Black Scottish or Black British [ ]  Other, please specify: | [ ]  Arab, Arab Scottish or Arab British[ ]  Other, please specify: |

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| 1. **AGE**
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Please tick the relevant box for your age category.

|  |  |  |
| --- | --- | --- |
| [ ]  16-24 yrs | [ ]  25-34 yrs | [ ]  35-44 yrs |
| [ ]  45-54 yrs | [ ]  55-64 yrs | [ ]  65+ yrs |

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| 1. **GENDER**
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Are you:

|  |  |  |
| --- | --- | --- |
| [ ]  Male | [ ]  Female | [ ]  Prefer not to say |

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| 1. **DISABILITY**
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A disabled person under the Disability Discrimination Act 1995 is described as anyone with a “physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities.” This definition can be broken down to help explain the meaning of disability:

|  |  |
| --- | --- |
| Physical impairment | Such as difficulty using your arms or mobility issues which means using a wheelchair or crutches |
| Mental impairment | Such as depression or schizophrenia |
| Sensory impairment | Such as being blind/having a serious visual impairment or being deaf or having a serious hearing impairment |
| Learning disability | Such as Down’s Syndrome |
| Specific learning difficulty | Dyslexia or cognitive impairment (autism or head injury) |
| Long standing illness | Such as cancer, HIV, diabetes, chronic heart illness or epilepsy |
| Other  | Such as disfigurement |

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability? | [ ]  Yes | [ ]  No |
| What is the nature of your disability or health condition? |  |