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**EQUAL OPPORTUNITIES MONITORING**

**Job Vacancy Applied For …………………………………………………………………………………………………………………………………**

**Please be advised that this information is collected for equal opportunities monitoring purposes only and will be separated from the rest of your application on receipt.**

**1. Are you:** **Male**   **Female**  **Transgender**  **Prefer not to say**

**2. What is your age group:** **Under 25**  **25 to 29**  **30 to 34**

**35 to 39**  **40 to 44**  **45 to 49**

**50 to 54**  **55 to 59**  **60 and over**  **Prefer not to say**

**3. Do you consider yourself to have a disability?**

**(The Equality Act 2010 considers a person to be disabled if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”)**

**Yes**  **No**  **Prefer not to say**

**4. Please indicate which of these ethnic groups you consider you belong to:**

**A. White B. Mixed / multiple ethnic groups English/Welsh/Scottish/Northern Irish/British**  **White and Black Caribbean**

**Irish**  **White and Black African**

**Gypsy / Roma Traveller**  **White and Asian**

**Any other White background**  **Any other Mixed /multiple ethnic background**

**C. Black / African / Caribbean / Black British D. Asian / Asian British**

**African**  **Indian**

**Caribbean**  **Pakistani**

**Any other Black/African/Caribbean background**  **Bangladeshi**

**Chinese**

**Any other Asian background**

**E. Other ethnic group**

Arab  Any other ethnic group

**F. Prefer not to say**

**5. What is your religion?**

**No religion**  **Jewish**

**Buddhist**  **Muslim**

**Hindu**  **Sikh**

**Christian (incl. Church of England, Catholic,**  **Any other religion, (please state):**

**Protestant and all other Christian denominations) ……………………………………………..**

**Prefer not to say**

**6. Which of the following options best describes your sexual orientation?**

**Heterosexual or Straight**  **Gay or Lesbian**

**Other**  **Bisexual**

**Prefer not to say**

7. **Do you have caring responsibilities? If yes, please tick all that apply.**

**None  Primary carer of a child/children (under 18)**

**Primary carer of disabled child/children   Primary carer of disabled adult (18 and over)**

**Primary carer of older person**

**Secondary carer (another person carries out the main caring role)**

**Prefer not to say**