****

**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      [ ]**