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| **Equal Opportunities Monitoring Form** |

Name of applicant………………………………………………………………………………………………………………………..

The completion of this form is voluntary, but the information it contains helps us to monitor and improve our equal opportunities policies and procedures. **This sheet is removed from the application form before the short-listing process, thus ensuring that all short-listing is based on merit.**

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| **Ethnic Origin** | **Disability (please tick any that apply)** |
| White - British | No disability |
| White - Irish | Specific learning difficulty (e.g. dyslexia) |
| Other White Background | Blind or partially sighted |
| Black or Black British - Caribbean | Deaf or hearing impairment |
| Black or Black British - African | Wheelchair user or mobility difficulty |
| Other Black Background | Personal care support |
| Asian or Asian British - Indian | Autistic Spectrum Disorder or Asperger Syndrome |
| Asian or Asian British - Pakistani | Mental health difficulty |
| Asian or Asian British - Bangladeshi | Unseen disability e.g. diabetes, epilepsy |
| Chinese | Other, please specify below |
| Other Asian Background | **………………………………………………………………..** |
| Mixed-White and Black Caribbean |  |
| Mixed-White and Black African |  |
| Mixed-White and Asian |  |
| Other Mixed Background |  |
| Other Ethnic Background |  |
| Not Known |  |
| Prefer not to say |  |