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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 [ ]  |  |