

Equal Opportunities Monitoring Form

We would be grateful if you could complete all parts of this form.

The information is strictly confidential and will

only be used for monitoring purposes.

It will not be used as part of the selection process.

	Advertised where?
1. Sex and Gender Identity: We Please put an X in the relevant box	
Female [] Male [] Inter Prefer not to say []	sex [] Non-binary []
Or specify your own term here:	
Is the gender you identify with registered at birth?	n the same as your sex
Yes [] No [] Prefer not	to say []
2. Disability: A disabled person, a physical or mental impairment t long-term adverse effect on their day-to-day activities. Do you con	hat has a substantial and ability to carry out normal asider yourself to be disabled?
Yes [] No [] Pre	·
If you answered 'Yes' please descr	ibe the nature of your disability:
This information is for monitoring reasonable adjustments, you shou	
3. Sexuality: What is your sexu	ual orientation?
Heterosexual [] Gay [] Prefer not to say []	Lesbian [] Bisexual []
Or specify your own term here:	
4. Age: What is your age?	
Under 25 [] 25-34 [] 35-44	[] 45-54 [] Over 55 []

5. Ethnic group: What is your ethnic background?

(Categories taken from 2021 census.)

Asian or Asian British	Black, Black British, Caribbean or African	Mixed or multiple ethnic groups
[] Indian [] Pakistani [] Bangladeshi [] Chinese [] Other Asian background, please specify:	[] Caribbean [] African [] Other Black background, please specify:	[] White and Black Caribbean [] White and Black African [] White and Asian [] Other Mixed or multiple background, please specify:
White	Other ethnic group	
[] English, Welsh, Scottish, Northern Irish or British [] Irish [] Gypsy or Irish Traveller [] Roma [] Other White background, please specify:	[] Arab [] Other ethnic group, please specify:	

Thank you for completing this form. It will be filed separately from your application.