Shenehom Housing Association

EQUAL OPPORTUNITIES RECRUITMENT MONITORING FORM

Please complete this monitoring form and return it with your application form.

Shenehom Housing Association defines itself as an Equal Opportunities Employer. We are actively opposed to all forms of unfair discrimination and therefore are committed to the principle that no job applicant or employee shall be discriminated against on grounds of gender, marital status, sexuality, age, religious beliefs, HIV status, disability (covering sensory and physical disabilities, learning difficulties and mental health status), race, colour, nationality, or national or ethnic origin?

To help us achieve this aim we ask you to complete this monitoring form. This information will be used to monitor the effectiveness of our Diversity and Equality Policy and for no other reason. The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes.

This information will be kept separate from your application form to ensure that none of the information you have provided is used in the selection decision.

EQUAL OPPORTUNITIES RECRUITMENT MONITORING FORM

POST APPLIED FOR _____

HOW TO COMPLETE THIS FORM:- Please mark your response by circling your answer

Ethnic Origin: I would describe my racial or cultural origin as:

White: British Irish Other (Please specifiy) _____

Black or Black British: African Caribbean Other (Please specifiy) _____

Asian or Asian British: Indian Pakistani Bangladeshi Other (Please specify) _____

Dual or Multiple Heritage: White and Asian White and Black African

White and Black Caribbean

Any other dual or mulitple heritage Please specify _____

Chinese or Other Ethnic Group: Chinese

Any other Ethic Background Please specify _____

Monitoring Disability:

Do you consider yourself to have a disability as defined in the Equalities Act 2010? The Act defines disability as: “a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day to day activities”. Please mark with an “x”

YES NO

If yes please give brief description of your disability below:

Monitoring Gender:

FEMALE MALE

Sexual Orientation:

How would you describe your sexual orientation?

Heterosexual Gay Lesbian Bisexual Prefer not to say

Marital Status:

I am: Married In a civil partnership Divorced

Single Separated Prefer not to say

Age:

I am aged: Years ____ Months _____ Date of Birth (DD/MM/YY) _____

Monitoring Religion: I am a member or follower of the following religious group:

None/No religion Buddhist Christian Hindu

Jewish Muslim Sikh Other (please specify) _____

Consent:

I hereby give my consent to Shenehom Housing Association processing the information given on this form in accordance with the purposes stated above:

SIGNED: _____ DATE: _____

NAME: _____

Thank you for completing this form. Please return it with your application.