



## EQUALITY OF OPPORTUNITY MONITORING FORM

In order to monitor the effectiveness of our Equal Opportunities Policy, we would request that all applications provide the following information, which will be treated as confidential. This information will not be used in any part of the recruitment process other than for statistical monitoring. It will be detached from the application form prior to short-listing.

Job Applied for:

Your Full Names:

**1. Date of Birth**

**2. Gender**

Female

Male

Prefer not to say

**3. Have you ever identified as transgender?**

Ye  
s

No

Prefer not  
to say

For the purpose of this question, "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

#### 4. Your sexual orientation


Bisexual

Gay man

Gay woman / lesbian


Heterosexual

Prefer not to say

Other (specify if you wish):

#### 5. Your race or ethnic origin

**Asian or Asian  
British**


Bangladeshi

Indian

Pakistani

Any other Asian  
background

**Mixed**


White and  
Asian

White and  
Black African

White and  
Black  
Caribbean

Any other  
Mixed  
background

**Black or Black  
British**


African

Caribbean

Any other Black  
background

**White**


British

Irish

Any other  
White  
background

<b>Chinese or other ethnic group</b>		
	Chinese	
	Prefer not to say	Other (specify if you wish):

## 6. Your religion or belief

Which group below do you most identify with?

	No religion		Jewish
	Baha'i		Muslim
	Buddhist		Sikh
	Christian		Prefer not to say
	Hindu		Other (specify if you wish):
	Jain		

7. Do you consider yourself to have a disability according to the terms given in the DDA?	Y e s	No	Prefer not to say
The Disability Discrimination Act 1995 (DDA) protects disabled people. The DDA defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.			

8. If you have answered yes, please indicate the type of impairment which applies to you:

People may experience more than one type of impairment, in which case tick all the types that apply. If your disability does not fit any of these types, please mark other.

<input type="checkbox"/>	Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches.
<input type="checkbox"/>	Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment.
<input type="checkbox"/>	Mental health condition, such as depression or schizophrenia.
<input type="checkbox"/>	Learning disability, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury).
<input type="checkbox"/>	Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
<input type="checkbox"/>	Other, such as disfigurement (specify below if you wish).

**Please email your application form to [hr@zsl.org](mailto:hr@zsl.org) or [wzhr@zsl.org](mailto:wzhr@zsl.org) if you applying for a Whipsnade vacancy.**

***Please note, we are unable to accept speculative applications***