EQUAL OPPORTUNITIES MONITORING FORM

We are an equal opportunities employer and as such we ask all candidates to complete and return this Equal Opportunities Monitoring Form. You should return this form in a separate envelope from your employment application form.

The data gathered will help us to monitor the effectiveness of our equal opportunities policies and procedures. It should be completed anonymously and will be held and processed separately from your application.

**THIS INFORMATION WILL HAVE NO IMPACT ON THE FINAL RECRUITMENT DECISION.**

|  |  |
| --- | --- |
| Position applied for | Choir Chaperone |

In each section listed below, please choose one option by marking ‘X’ in the appropriate box.

**ETHNIC GROUP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Asian / Asian British** | | | **Black / Black British** | |
| Bangladeshi | |  | African |  |
| Chinese | |  | Caribbean |  |
| Indian | |  |  |  |
| Pakistani | |  |  |  |
| Other Asian background (please specify) | |  | Other Black background (please specify) |  |
| **Mixed Ethnic Group** | | | **White** | |
| White and Asian | |  | White British |  |
| White and Black African | |  | White Irish |  |
| White and Black Caribbean | |  |  |  |
| Other Mixed background (please specify) | |  | Other White background (please specify) |  |
| **Other Ethnic Group** (please specify) | | | |  |
| Arab |  | | Any other ethnic background (please specify) |  |
| Prefer not to say | | | |  |

**GENDER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Prefer not to say |  |

**AGE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16 - 25 |  | 26 - 35 |  | 36 - 45 |  |
| 46 - 55 |  | 56 - 65 |  | 66 - 70 |  |
| Over 70 |  | Prefer not to say | | |  |

**DISABILITY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The Equality Act 2010 defines a disability as a physical or mental impairment that has a substantial and long-term adverse on an individual’s ability to carry out normal day-to-day activities. Do you consider that you have a disability or a long term health condition? | | | | | |
| Yes |  | No |  | Prefer not to say |  |

**MARITAL OR CIVIL PARTNERSHIP STATUS**

|  |  |  |  |
| --- | --- | --- | --- |
| Married |  | In a registered same-sex civil partnership |  |
| Never married / in a registered same-sex civil partnership |  | Separated |  |
| Divorced / Formerly in a same-sex civil partnership that’s now legally dissolved |  | Widowed |  |
| Prefer not to say | | |  |

**SEXUAL ORIENTATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual |  | Homosexual / Gay / Lesbian |  |
| Bisexual |  | Non-Binary |  |
| Other orientation (please specify) |  | Prefer not to say |  |

**RELIGION OR BELIEF**

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Muslim |  | No religion |  |
| Sikh |  | Prefer not to say |  |
| Other religion or belief (please specify) | | |  |

|  |  |
| --- | --- |
| Where did you see this vacancy advertised? (e.g. Indeed, Church Times, local press, word of mouth) |  |

|  |  |
| --- | --- |
| Date |  |

**Please do not sign this form.**