

EQUAL OPPORTUNITIES MONITORING FORM

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

ABOUT THE VACANCY

Please state which job you have applied for and the closing date given for applications.

Job applied for:	
Closing date for applications:	

Where did you hear about this job (please tick)?

Social media (please specify)		Friend			
SCS website		Other (please specify)			

GENDER

What is your gender (please tick)?

Male	
Female	
Prefer not to say	

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

ETHNIC GROUP**How would you describe your nationality and/or ethnicity (please tick)?**

A White:		B Mixed race:		C Asian or Asian British:	
British - English, Scottish or Welsh		White and Black Caribbean		Indian	
Irish		White and Black African		Pakistani	
Other White background		White and Asian		Bangladeshi	
		Other Mixed background		Other Asian background	

D Black or Black British:		E Chinese and other groups:			
Caribbean		Chinese		Prefer not to say	
African		Other ethnic group			
Other Black background					

AGE**What is your age (please tick)?**

16–17		18–21		22–30		31–40		41–50	
51–60		61–65		66–70		71+		Prefer not to say	

SEXUAL ORIENTATION**How would you describe your sexual orientation (please tick)?**

Heterosexual / straight		Bisexual		Prefer not to say	
Gay man		Gay woman / lesbian			

RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:	
I have no particular religion or belief	
Prefer not to say	

DISABILITY

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes		No	
Used to have a disability but have now recovered		Don't know	
Prefer not to say			