

Equal Opportunities Monitoring Form

Please complete the details and return it with your application. The details will not be used to assess your application – it is to help us to monitor our performance in relation to equal opportunities.

Name:

Equalities information

Age	
Under 16	
16 - 17	
18 - 24	
25 - 44	
45 - 64	
65 - 74	
75 - 84	
Over 85	
Prefer not to say	

Gender	
Female	
Male	
Prefer not to say	

Disability	
<i>Do you consider yourself to be disabled?</i>	
No	
Prefer not to say	
<i>If Yes, please state the type of impairment that applies:</i>	
1) Physical Impairment, such as difficulty using arms or mobility issues which means using a wheelchair or crutches.	
2) Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment.	
3) Mental health condition, such as depression, schizophrenia or dementia	
4) Learning disability/difficulty (such as Down's syndrome or dyslexia) or cognitive impairment such as autistic spectrum disorder.	
5) Long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy.	
6) Other (please state)	

Ethnic Origin	
1) Arab	
2) Asian/Asian British	
Bangladeshi	
Indian	
Pakistani	
Chinese	
Other (please state)	
3) Black/African/Caribbean/Black British	
African	
Caribbean	
Other (please state)	
4) Mixed/Multiple Ethnic Groups	
White & Asian	
White & Black African	
White & Black Caribbean	
Other (please state)	
5) White	
English/Welsh/Scottish/Northern Irish/British	
White – Irish	
Gypsy or Traveler of Irish Heritage	
Other (please state)	
6) Other ethnic group (please state)	
7) Prefer not to say	

Section 2 – Optional equalities information

Sexual Orientation	
Bisexual	
Gay man	
Gay woman / lesbian	
Heterosexual	
Other	
Prefer not to say	
Transgender	
Do you identify as a transgender person?	
Yes	
No	
Prefer not to say	

Religion / belief	
Buddhist	
Christian	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion (please state)	
No religion	
Prefer not to say	

Carer	
Do you consider yourself to be a carer?	
yes, on average caring for over 50 hours per week	
yes, on average caring for under 50 hours per week	
No	
Prefer not to say	

Marital Status

Single	Married	Separated	Divorced	Widowed

Do you consider yourself a Refugee or an Asylum seeker?

YES	NO
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Section 3 – Accessing the Service

ACCESS	
How would you travel to this service	
Bicycle	
Bus	
Car - driven by other	
Car - drives self	
Community Transport	
Service provided transport	
Train	
Walk	
Taxi	
Other	
Prefer not to say	