

EQUAL OPPORTUNITIES MONITORING FORM (Please Complete in Block Capitals)

Monitoring is part of an ongoing process of analysis, asking questions, investigation and change. Equal Opportunities Policies, by themselves, will not bring about change. We must have a system for checking whether our policies are being carried out and whether they are working. The most reliable and efficient way of monitoring the effectiveness of our Equal Opportunities policy is to carry out regular analyses of the workforce and job applicants, by ethnic origin, gender and disability.

As part of our commitment to support the ✓ ✓ Disability Symbol we are required to get a clear picture of the number of disabled people we employ.

The information we collect about you will only be used for this purpose and is to help us compile details on the gender, ethnicity and disability of the workforce. It will form no part of the selection process and will be treated in the strictest confidence.

NAME

Job Title

Please tick the appropriate box:

1. ETHNIC ORIGIN (Based on 2001 census classifications):

I would describe my ethnic origin as:

A White

British English

Scottish

Welsh

Other, please write in

Irish

Any other white background, please write in

B Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background, please write in

C Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

Indian

Pakistani

Bangladeshi

Any other Asian background, please write in

D. Black, Black British, Black English, Black Scottish or Black Welsh

Caribbean

African

Any other Black background, please write in

EQUAL OPPORTUNITIES MONITORING FORM (CONTINUED)

E. Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group

Chinese

Any other background, please write in

2. SEX: Male

Female

3. DATE OF BIRTH:

AGE:

4. DISABILITY:

DEFINITION: A person with a disability is someone with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability as defined by the Disability Discrimination Act?

Yes

No

4. Do you have any other medical condition that you would like to be kept on your file. This information would only be used in case of medical emergency.

Yes

No

5. LANGUAGES

In order to us to consider any other barriers that may exist and require further specific analysis, we would like to look at peoples "first" language.

Is English your first language?

Yes

No

If no please indicate

1st spoken language

1st written language

It would also be helpful to know if you speak any other languages
Please list them in the box below.

6. WORK PERMIT

Do you require a work permit to work in the UK?

Yes

No

If yes, do you have a work permit?

Yes

No

Thank you very much for your assistance.

Signature Date