**EQUAL OPPORTUNITIES MONITORING FORM**

**Strictly Confidential**

In order to develop the Organisation’s Equal Opportunities Policy all applicants are requested to answer the following questions. This information, which will be used solely for monitoring purposes, will be treated as confidential.

Any complaints that applicants for employment have been unfairly considered on the grounds of racial origin, sex, marital status or disability may be made in writing to the Chief Executive. Please return this completed form together with your application form.

|  |  |
| --- | --- |
| 1. **Name:**
 |  |
| **Post Applied For:** |  |

# 1. How would you describe your ethnic origin? (The categories used are those recommended by the Commission for Racial Equality)

**White** **Mixed**



British White & Black Caribbean



Irish White & Black African



Any other white background White and Asian 

 Any other mixed background 

**Asian/Asian British** **Black/Black British**



Indian Caribbean



Pakistani African



Bangladeshi Any other black background

 (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other Asian background 

(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Chinese or Other**



Chinese Not stated

 

Any other ethnic group

(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. My Nationality is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. My sex is Female Male 

4. My marital status is (delete as appropriate) Single/Married/Civil partnership/Separated/Divorced/Widowed

5. How did you learn about this vacancy? (If from an advertisement please state name of journal/newspaper)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Section 1 of the Disability Discrimination Act 1995 describes a disabled person as a person with a ‘physical or mental impairment which has a substantial or long-term effect on his/her ability to carry out normal day to day activities’. Using this definition would you consider yourself to be disabled? YES **/** NO

7. Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By completing this form I understand that I give my consent under the Data Protection Act 1998 for the information contained in this form to be processed by Norfolk Deaf Association for the purposes of equal opportunities monitoring.**

**Signed…………………………………………… Date…………………………………………….**