

**Equal Opportunities Monitoring Form****Post Ref:** WHC-OA

This form will be detached from your application on receipt and will **not** be used as part of the selection process. Your application will not be affected in any way if you choose not to complete it. However we would strongly encourage you to do so, as the data can be very helpful in monitoring our success against our equal opportunities goals. Alternatively you might wish to send it to us in a separate envelope/separate email.

**Age Category**    16-24     25-29     30-34     35-39     40-44     45-49   
50-54     55-59     60-64     65+     Prefer not to say

**Gender**    Male     Female     Transgender     Prefer not to say

**Marital Status**    Married/Civil Partnership     Co-Habiting     Single   
Prefer not to say     Widowed     Other

**Sexual Orientation**    Heterosexual/straight     Gay woman/lesbian     Gay man   
Bisexual     Prefer not to say     Other

**Religion or belief**    Buddhist     Christian     Hindu     Jewish     Muslim     Sikh   
No Religion     Prefer not to say     Other

**National identity**    British     Prefer not to say     Other

**Ethnicity**

This category is about your ethnic origin, which could but does not necessarily include nationality, place of birth or citizenship. Please tick the appropriate box or specify another if you wish.

**White**    English     Welsh     Scottish     Northern Irish     Irish     Gypsy/Traveller   
Prefer not to say     Other White background

**Asian/Asian British**    Indian     Pakistani     Bangladeshi     Chinese     Prefer not to say   
Other Asian background

- Black/ Black British    African     Caribbean     Prefer not to say
- Other Black/African/Caribbean background
- Multiple Ethnicity    White & Black Caribbean     White & Black African     White and Asian
- Prefer not to say     Other mixed ethnicity
- Other ethnic group
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### 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 yourself to have a disability under the Equality Act 2010?

- Yes                       No                       Unsure                       Prefer not to say

If **yes**, please describe the nature of it either by selecting one or more of the categories below, or describing in your own words:

- Physical impairment or condition that affects your mobility (e.g. by requiring you to use a wheelchair, or affecting bodily movement)
- Sensory impairment (e.g. blindness/serious visual impairment, or deafness/ serious hearing impairment)
- Mental health condition, such as depression or schizophrenia
- Learning disability or cognitive impairment such as dyslexia or autism
- Long standing illness/ health condition (e.g. cancer, HIV, diabetes, heart disease, epilepsy etc.)
- Other (please describe in your own words)

Thank you.

**By completing this form you have helped us better understand how we as an employer can ensure equality of opportunity for all.**

