

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

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
Widowed Prefer not to say 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
-

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.