|  |  |
| --- | --- |
|  |  |
| Equal Opportunities Monitoring Form |

The East of England Local Government Association wholeheartedly supports the principle of equal opportunities in employment and opposes all forms of unlawful and/or unfair discrimination whether on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

To monitor the effectiveness of our Equal Opportunities Policy you are asked to complete this questionnaire and return it with your completed application form. The provision of this information is entirely voluntary. Completed forms will be separated from your application form, treated in confidence and will not be available to the short listing panel.

|  |  |
| --- | --- |
| **Post applied for:** | Head of Regional Employers |

1. **Gender**

Please tick one box from the section below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Female |  | Male |
|  | Transgender  |  | Do not wish to disclose  |

1. **Marital Status**

Please tick one box from the section below:

|  |  |  |  |
| --- | --- | --- | --- |
|   | Married  |  | Single  |
|  | Civil Partnership  |  | Cohabiting |
|  | Separated |  | Divorced |
|  | Widowed |  | Do not wish to disclose |

1. **Age**

Please tick one box from the section below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | 16-19 |  | 20-24 |
|  | 25-34 |  | 35-49 |
|  | 50-64 |  | 65+ |
|  | Do not wish to disclose |

1. **Ethnicity**

Please tick one box from one of the sections below:

*Asian and Asian British*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Bangladeshi |  | Chinese |
|  | Indian |  | Pakistani |
|  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |

*Black and Black British*

|  |  |  |  |
| --- | --- | --- | --- |
|  | African |  | Caribbean |
|  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |

*Mixed*

|  |  |  |  |
| --- | --- | --- | --- |
|  | White and Asian |  | White and Black African |
|  | White and Black Caribbean |  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |

*White*

|  |  |  |  |
| --- | --- | --- | --- |
|  | British |  | Irish |
|  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |

*Other*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |  | Do not wish to disclose |

1. **Religion**

Please tick one box from the section below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Buddhist |  | Christian |
|  | Hindu |  | Jewish |
|  | Muslim |  | Sikh |
|  | No Religion |  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |
|  | Do not wish to disclose |

1. **Sexual Orientation**

Please tick one box from the section below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Bisexual |  | Gay Man |
|  | Heterosexual/straight |  | Gay Woman/Lesbian |
|  | Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ |  | Do not wish to disclose |

1. **Disability**

*Would you consider yourself to have a disability as defined in the Equality Act 2010 i.e. “a physical or mental impairment which has substantial and long term adverse effect on a person’s ability to carry out normal day to day activities?”*

Please tick one box from the section below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |
|  | Do not wish to disclose |

*If ‘yes’ please provide details below:*

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

 I may require reasonable adjustments to be implemented:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If I have indicated yes above, and I am offered this job, I give my consent for my manager to be advised that I would like a meeting to be arranged to discuss reasonable adjustments with me in more detail:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

I hereby give consent to the East of England Local Government Association processing the data supplied in this form for the purpose of recruitment and selection.

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:** |  | **Date:** |  |
| **Signed:** |  |

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