

EQUAL OPPORTUNITIES MONITORING FORM

Post Applied For	
Ref No.	
Surname or Family Name	
Former Name(s)	
Other names	
What is your gender?	Please specify
Which of the following best describes your Ethnic origin?	Please specify
If “other” please specify?	
Do you consider yourself to have a disability?	Please select
If “YES” select the option that best describes the nature of your disability?	Please specify
If you have a disability what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties?	
What is your age range?	Please specify
	60 and over
What is your religion or belief?	Please specify
If “other” please specify?	
What is your sexual orientation?	Please select
Is your gender the same as was assigned to you at birth?	Please select
Are you married or in a civil partnership?	Please select
Are you currently pregnant or on maternity leave from your current employer?	Please select
Where did you see this post advertised?	

This form will be separated from the main application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way.

FOR OFFICIAL USE ONLY
Candidate No.