

Equal Opportunities Monitoring Form

Night Department wants to meet the aims and commitments set out in its Equality Policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of candidates to improve the recruitment process and encourage equality and diversity within the company.

We need your help and co-operation to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes only.

Please return the completed form with your application.

Gender

Male Intersex

Female Non-binary Prefer not to say

If you prefer to use your own gender identity, please write in:

Is the gender you identify with the same as your gender registered at birth?

Yes No Prefer not to say

Age

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

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

Asian or Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say





Any other Asian background, please write in:

Black, African, Caribbean or Black British

African

Caribbean

Prefer not to say

Any other Black, African or Caribbean background, please write in:

Mixed or Multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Prefer not to say

Any other Mixed or Multiple ethnic background, please write in:

White

English

Welsh

Scottish

Northern Irish

Irish

British

Gypsy or Irish Traveller

Prefer not to say

Any other White background, please write in:

Other ethnic group

Arab

Prefer not to say

Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes

No

Prefer not to say

What is your sexual orientation?

Heterosexual

Gay

Lesbian

Bisexual Asexual Pansexual

Prefer not to say

If you prefer to use your own identity, please write in:

What is your religion or belief?

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Prefer not to say

If other religion or belief, please write in:

Do you have caring responsibilities? If yes, please tick/highlight all that apply:

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say