

Equality of Opportunity Monitoring Form (confidential)

CDN is committed to ensuring that all job applicants and members of staff are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will stay confidential and be stored securely and limited to only some staff in the organisation who are responsible for Human Resources. It will not be placed on your personnel file.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process.

Thank you for your assistance.

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| Gender |
| <u>Gender</u> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> If you prefer to use your own term, please specify here..... Prefer not to say <input type="checkbox"/> |

| |
|---|
| Age |
| <u>Age 16-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+</u> Age: Prefer not to say <input type="checkbox"/> |

| |
|--|
| Sexual Orientation |
| <u>What is your sexual orientation?</u> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay woman/lesbian <input type="checkbox"/> Gay man <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If you prefer to use your own term, please specify here.....: |

| |
|---|
| Religion or Belief |
| <u>What is your religion or belief?</u> No religion or belief <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If other religion or belief, please specify here.....: |

Disability

Do you consider yourself to have an impairment, disability or health condition that has a substantial or long-term impact on your ability to carry out day to day activities?

Yes

No

Prefer not to say

To help us ensure appropriate support and/or adjustments are in place, please explain below if you will need any facilities or support relating to your impairment, disability or health condition.

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:

White

English

Welsh

Scottish

Northern Irish

Irish

British

Gypsy or Irish Traveller

Prefer not to say

Any other white background, please state:

Mixed/multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Prefer not to say

Any other mixed background, please state:

Asian/Asian British

Indian

Pakistani

Bangladeshi

Chinese

Prefer not to say

Any other Asian background, please state:

Black/ African/ Caribbean/ Black British

African

Caribbean

Prefer not to say

Any other Black/African/Caribbean background, please state:

Other ethnic group

Arab

Prefer not to say

Any other ethnic group, please state:

Caring Responsibilities

Do you have caring responsibilities? If yes, please tick 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

Current working pattern

Full-time

Part-time

Flexitime?

Term-time hours?

Job-share?

Compressed hours?

Homeworking?

Prefer not to say