|  |
| --- |
| **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.

|  |
| --- |
| **Gender** |
| Gender  Male  Female   Transgender  Non-binary  If you prefer to use your own term, please specify here……. Prefer not to say  |

|  |
| --- |
| **Age** |
| Age 16-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65+ Age: …………  Prefer not to say  |

|  |
| --- |
| **Sexual Orientation** |
| What is your sexual orientation?  Heterosexual  Bisexual  Gay woman/lesbian  Gay man  Prefer not to say If you prefer to use your own term, please specify here….: |

|  |
| --- |
| **Religion or Belief** |
| 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 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  |