

Form EO

Equal Opportunity Monitoring

Private and Confidential

Position Applied For:

Reference Number:

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

I would describe my sex and ethnic group as:
(Please tick one box for your sex and one box for your ethnic group)

Sex	Male:	<input type="checkbox"/>				
	Female:	<input type="checkbox"/>				
	Prefer not to say:	<input type="checkbox"/>				
Ethnicity	White		Mixed		Asian, Asian British, Asian Scottish, Asian English or Asian Welsh	
	English:	<input type="checkbox"/>	White/Black Caribbean:	<input type="checkbox"/>	Indian:	<input type="checkbox"/>
	Scottish:	<input type="checkbox"/>	White/Black African:	<input type="checkbox"/>	Pakistani:	<input type="checkbox"/>
	Welsh:	<input type="checkbox"/>	White/Asian:	<input type="checkbox"/>	Bangladeshi:	<input type="checkbox"/>
	Irish:	<input type="checkbox"/>				
			Black, Black British, Black English, Black Scottish or Black Welsh		Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh	
			Caribbean:	<input type="checkbox"/>	Chinese:	<input type="checkbox"/>
			African:	<input type="checkbox"/>		
			Other Ethnicity (please specify)			
			<input type="text"/>			
		Prefer not to say:	<input type="checkbox"/>			

Signature:

Date:

Print Name: