**Equal Opportunities Monitoring Form**

Completion of this form is optional. The data will only be used for general statistical and monitoring purposes and will not be taken into account when assessing your application form.

By completing this form, you will help BKHS better understand how we, as an employer, can ensure equality of opportunity for all. This is sensitive personal data and will be treated in line with GDPR.

**Gender**

|  |  |  |
| --- | --- | --- |
| Male |[ ]  Female |[ ]  Prefer not to say |[ ]
| Transgender |[ ]  Transsexual |[ ]  Other |[ ]

**Relationship Status**

|  |  |
| --- | --- |
| Married/separated \* |[ ]  Civil Partnership |[ ]
| Single/widowed/divorced \* |[ ]  Live with partner/Other \* |[ ]
| 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 nationality?**

**What is your ethnicity?**

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong.

|  |
| --- |
| White |
| English |[ ]  Welsh |[ ]  Scottish |[ ]
| Northern Irish |[ ]  Irish |[ ]  Other White background |[ ]
|  |  |  |  |  |  |
| Mixed/multiple ethnic groups |
| White and black Caribbean |[ ]   |  | White and black African |[ ]
| White and Asian |[ ]   |  | Any other mixed background |[ ]
|  |  |  |  |  |  |
| Asian/Asian British |[ ]   |  |  |  |
| Indian |[ ]   |  | Pakistani |[ ]
| Bangladeshi |[ ]   |  | Chinese |[ ]
| Any other Asian background |[ ]   |  |  |  |

|  |
| --- |
| Black/African/Caribbean/ Black British |
| African |[ ]   |  | Caribbean |[ ]
| Any other Black/African/ Caribbean background |[ ]   |  |  |  |
|  |  |  |  |  |  |
| Other Ethnic group |  |  |  |  |  |
| Arab |[ ]   |  | Any other ethnic group |[ ]
|  |  |  |  |  |  |
| Prefer not to say |[ ]   |  |  |  |

**Do you consider yourself to be disabled?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |[ ]   | No |[ ]  Prefer not to say |[ ]   |  |

Any information you provide here will be used for monitoring purposes only.

**What is your sexual orientation?**

|  |  |
| --- | --- |
| Heterosexual |[ ]  Gay woman/lesbian |[ ]
| Gay man |[ ]  Bisexual |[ ]
| Other |[ ]  Prefer not to say |[ ]

**What is your religion or belief?**

|  |  |  |
| --- | --- | --- |
| No religion |[ ]  Buddhist |[ ]  Christian |[ ]
| Hindu |[ ]  Jewish |[ ]  Muslim |[ ]
| Sikh |[ ]  Any other religion |[ ]  Prefer not to say |[ ]

**Do you have caring responsibilities? If yes please tick all that apply**

|  |  |  |
| --- | --- | --- |
| None |[ ]   |  |
| Primary carer of child/children (under 18) |[ ]  Primary carer of disabled child/children |[ ]
| Primary carer of disabled adult |[ ]  Primary carer of older person (65+) |[ ]
| Secondary carer |[ ]  Prefer not to say |[ ]

Name:

Signature:

Date:

By completing this form, you have helped us better understand how we, as an employer, ensure equality of opportunity for all.

Thank you for completing this form.