*Please return to:*

**Principal’s PA**

###### **Shoreham College**

St. Julian’s Lane

### Shoreham by Sea

### West Sussex

BN43 6YW

Tel: 01273 592681

Fax: 01273 591673

info@shorehamcollege.co.uk

**EQUAL OPPORTUNITIES MONITORING FORM**

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| This form will be used solely for monitoring purposes and will be kept separately from your application. We recognise and are committed to ensuring applicants and employees from all sections of the community are treated equally regardless of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marital and civil partnership status or pregnancy and maternity. We welcome applications from all sections of the community. You are not obliged to complete this form but it is helpful to the College in maintaining equal opportunities. Please complete the form as you feel is most appropriate for you. |

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| **Nationality and ethnic origin**  |
| **White:** |
| British [ ]  | English [ ]  | Scottish [ ]  | Welsh [ ]  |
| Other [ ]  Please specify: |
| **Mixed:** |
| White and Asian [ ]  | White and Black African [ ]  | White and Black Caribbean [ ]  |
| Any other mixed background [ ]  Please specify: |
| **Black or Black British:** |
| African [ ]  | Caribbean [ ]  |
| Any other Black background [ ]  Please specify:  |
| **Asian or Asian British:** |
| Indian: [ ]  | Pakistani: [ ]  | Bangladeshi: [ ]  |
| Any other Asian background [ ]  Please specify: |
| **Chinese or other Ethnic Group:** |
| Chinese [ ]   | Other ethnic group: [ ]  Please specify:  |

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| **Gender** (*please specify):* |

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| **Date of birth:** |

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| **Do you consider yourself to have a disability?**  |
| Yes [ ]  | No [ ]  |
| If yes, please state nature of disability: |
| The Equality Act defines disability as ‘A physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities’. |

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| **If you wish, you may disclose information about yourself in this section about your:** |
| Religion: |
| Sexual orientation: |