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| **EQUAL OPPORTUNITIES MONITORING FORM** |
| This form is separate from the main application form. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way. ONCE COMPLETED, PLEASE RETURN THIS FORM TO;**Name: Charlotte Reed****Email: charlotte.reed@astreasheffield.org** |
| Post Applied For: …………………………………………………………Surname: …………………………………………………………………Forename(s): ……………………………………………………………Gender: Male Female Which age group do you apply to:Under 20 21 - 29 30 - 39 40 - 49 50 - 59  60 and over  |  Do you consider yourself as having a disability? Yes No If you have a disability what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties?……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| Which of the following best describes your Ethnic origin?**White:** British Irish  Other **Black or Black British:**Caribbean African Other Black background  **Chinese or other ethnic group:**Chinese Any other ethnic group    | **Mixed:**White & Black Caribbean White & Black African White & Asian Other Mixed Group **Asian or Asian British:**Indian Pakistani Bangladesh Other Asian If “other” please specify: ………………………………………………………………………………………………………………………………………………………………………………………………………………………… |