

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. Completed monitoring forms are anonymous and processed separately.

By completing this form you will help us 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 the requirements of Data Protection legislation.

(Please double click to mark the correct boxes)									
Gender									
Male	Female Transsexual		Prefer not to say Other						
Relationship Status (* delete as appropriate)									
· <u>=</u>			vil Partnership ve with partner/Other *						
Age 16-24	=	☐ 35-39 ☐ ☐ 60-64 ☐] 40-44 □] 65+ □						
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. Please indicate your ethnic origin by ticking the appropriate box									
White English Northern Irish	☐ Welsh ☐ Irish		Scottish Other White background						
Mixed/multiple ethnic groups White and black Caribbean White and Asian		Any	ite and black African other mixed kground						
Asian/Asian British Indian Bangladeshi Any other Asian background			istani nese						

Black/African/Caribbean/ Bla African Any other Black/African/ Caribbean background	ack Britis	sh	Ca	ribbean				
Other Ethnic group Arab			Ang	y 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 man Other			Gay woman/lesbian Bisexual Prefer not to say					
What is your religion or belief?								
No religion Hindu Sikh		Buddhist Jewish Any other religion		Christian Muslim Prefer not to say				
Do you have caring responsibilities? If yes please tick all that apply								
None Primary carer of child/childre 18) Primary carer of disabled ad Secondary carer	,	r 🗌	child/childre	rer of older person (65+)				

By completing this form you have helped us better understand how we, as an employer, ensure equality of opportunity for all. Please email completed forms as an attachment to recruitment@kings-rochester.co.uk

Thank you for completing this form.