

**Equal Opportunities Monitoring Form**

|  |  |  |
| --- | --- | --- |
| **All candidates should complete this section. The information will be used for the purposes of monitoring the Equal Opportunities policy. Access to this information is strictly controlled and is not available to anyone involved in the selection process, including the selection panel**  **For office use only: Ref No:HM/0919** | | |
| Age: | | |
| Date of birth: | | |
| Gender: Male  Female | | |
| **Perceived community background**  I am a member of the Protestant Community  I am a member of the Roman Catholic Community  I am neither a member of the Protestant or Roman Catholic Community | | |
| **Ethnic origin**  **To which of these groups do you belong?** | | |
| **White** | **Indian** | **Black Caribbean** |
| **Pakistani** | **Black African** | **Bangladeshi** |
| **Chinese** | **Irish Traveller** | **Other (please specify)** |
| **Disability**  **The Disability Discrimination Act 1995 defines disability as a ‘physical or mental impairment, which has substantial and long-term effect on a person’s ability to carry out normal day to day activities’** | | |
| **In these terms do you consider yourself to be disabled?**  Yes  No | | |

Please ensure you return the monitoring form, in a separate envelope with your application form, or, if you are submitting a digital application please attach the monitoring form as a separate file and label accordingly.