TheChaseleyTrust

Supporting People with Disabilities

Equal Opportunities Monitoring Form

In order to ensure that our Equality & Diversity Policy is effective, we would be grateful if you would complete this form. The information will not be used for any purpose other than monitoring our Policy and will not be used for shortlisting or interview purposes.

Surname : …… Forenames : …….. Position : ……

Please indicate which of the following ethnic categories best describes you. (Groupings are listed in accordance with the Equality and Human Rights guidelines and these categories are checked annually)

White - British

White - Irish

White - Other

Mixed - White and Black Caribbean

Mixed – White and Black African

Mixed - White and Asian

Mixed - Other

Asian - Indian

Asian - Pakistani

Asian - Bangladeshi

Other Asian Background

Black - British

Black – Caribbean

Black – African

Black - Other

Chinese

Other/Prefer not to say

Gender (please tick): Male [ ] Female [ ]

Status (please tick): **Date of Birth:**

Married [ ] Single [ ] Widowed [ ] Civil Partnership [ ]
Other [ ]

Do you have responsibility for dependants? Yes [ ] No [ ]

Religion – Are you? Christian (if Christian, please state denomination)

Buddhist [ ] Hindu [ ] Jewish [ ] Muslim [ ] None [ ]

Other [ ] (if 'other' please state religion)

Disability

Do you consider yourself to have a Disability? Yes [ ] No [ ]
If 'Yes', please describe the nature of your disability:

Signed : …… Date : .....