Equal Opportunities Monitoring Form

We are committed to the promotion of equality and the elimination of unlawful discrimination and harassment. For the policy of equal opportunities to be effective, the organisation seeks to keep up-to-date information.

To assist us in the monitoring of the impact of our policies and procedures we are therefore asking you to complete the following monitoring form. Your answers will be treated in total confidence. Thank you in advance.

Please tick one box in each section that best describes you

1. Age

[ ]  18-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]  65 and over

[ ]  Prefer not to say

1. Gender Identity

[ ]  Female

[ ]  Male

[ ]  Non-binary

[ ]  Other (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

1. Sexual Orientation

[ ]  Straight or heterosexual

[ ]  Gay or lesbian

[ ]  Bisexual

[ ]  Other (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

1. Disability

A disability is an impairment that has (or is likely to have) a substantial, adverse, long-term (more than a year) effect on the ability to carry out normal day-to-day activities.

In order to ensure that people to whom this definition applies are treated fairly, it would be helpful if you could answer the following questions.

**Do you consider yourself to be a disabled person?**

[ ] Yes [ ] No

If you have answered 'yes', please tick the boxes(es) below that best describe your impairment(s). We list a few examples but recognise many other conditions could also be listed.

[ ]  Physical impairment

[ ]  Sensory impairment

[ ]  Learning disability

[ ]  Autism Spectrum Disorder

[ ]  Sever Mental Illness

[ ]  Long-term illness or health

[ ]  Other disability (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

1. How would you describe your ethnicity?

*Asian or Asian British*

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Indian

[ ]  Pakistani

[ ]  Any other Asian background

*Black, Black British, Caribbean or African*

[ ]  Caribbean

[ ]  African

[ ]  Any other Black, Black British, or Caribbean background

*Mixed or multiple ethnic groups*

[ ]  White and Black Caribbean

[ ]  White and Black African

[ ]  White and Asian

[ ]  Any other Mixed or multiple ethnic background

*White*

[ ]  English, Welsh, Scottish, Northern Irish or British

[ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Roma

[ ]  Any other White background

*Other ethnic group*

[ ]  Arab

[ ]  Any other ethnic group

1. Advert

Where did you see the job advertised (please state)……………………………………..

**Thank you for completing the monitoring form**

Please email this form together with your application to kathryn.littlewood@disabilitysheffield.org.uk

It will be stored completely separately and anonymously.