**Equal Opportunities Monitoring Form**

Disability Support is committed to recruiting, retaining, and developing a workforce that reflects at all grades the diverse communities that we serve.

It is vital that we monitor and analyse diversity information so that we can ensure our HR processes are fair, transparent, promote equality of opportunity for all staff, and do not have an adverse impact on any particular group.

Your cooperation in providing us with accurate data will ensure that we, not only meet our legal obligations, but even more importantly will result in us designing and applying policies and processes that attract and retain a diverse, talented and motivated workforce.

Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. It will not be seen by anybody directly involved in the selection process. No information will be published or used in any way which allows any individual to be identified.

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| --- | --- |
| **Gender Identification:**  Male  Female  Other ☐ | **Are you married or in a civil partnership?** Yes  No |
| **Age:** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say | |
| **How would you describe your nationality?**  English  Welsh  Scottish  Northern Irish  British  Other  Prefer not to say | |
| **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  Welsh  Scottish  Northern Irish  Irish  Gypsy or Irish Traveller  Other White background  **Mixed/multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background  **Asian/Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background | |
| **Black/ African/ Caribbean/ Black British**  African  Caribbean  Any other Black/African/Caribbean background  **Other ethnic group**  Arab  Any other ethnic group  **Prefer not to say** | |
| **Do you consider yourself to be a disabled person as defined by the Equality Act?**  Yes  No  Prefer not to say  **If so, are there any arrangements you would like us to make in order that the selection process is fully accessible to you?**  **Provide written information before interview.** | |
| **What is your sexual orientation?**  Heterosexual/straight  Gay woman/lesbian  Gay man  Bisexual  Other  Prefer not to say | |
| **What is your religion or belief?**  No religion  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Any other religion  Prefer not to say | |
| **Do you have caring responsibilities? If yes, please tick all that apply.**  None  Primary carer of a child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult (18 and over)  Primary carer of older person (65+)  Secondary carer  Prefer not to say | |

**By completing this form, you have helped us better understand how we, as an employer, ensure equality of opportunity for all.**

**Thank you for completing this form.**

**Please return to Info@ddnottingham.com**