

EQUAL OPPORTUNITIES MONITORING FORM

(In strictest confidence)

# **Application ref no:** KSS/ PM/21

Please place your completed form in a sealed envelope marked – **confidential** Equal Opportunities monitoring and return with your application.

## **1. Perceived Religious Affiliation**

I am a member of the Protestant community □

I am a member of the Catholic community □

I am a member of neither the Protestant nor the Catholic community □

Prefer not to say □

Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **2. Gender**

I am FEMALE □ MALE □ INTERSEX □ Prefer not to say □

## **3. Marital Status**

I am MARRIED □ SINGLE □ OTHER □ Prefer not to say □

## **4. Disability**

Under the Disability Discrimination Act 1995, a disability is defined as “A physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities” Having read this definition do you consider yourself to have a disability?

YES □ NO □

## **5. Age Band**

16-20 □ 21-30 □ 31-40 □ 41-50 □ 51-60 □ 61- 65□

## **6. Cultural/Ethnic Origin**

Chinese □ Traveler □ Indian □ Black/African-Caribbean □ Pakistani □ White □ Asian Others □ Other □ (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Dependants (please specify)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_