**IN CONFIDENCE**

**EQUAL OPPORTUNITIES MONITORING FORM**

Organisations who are participating in the Individual Merit Promotion (IMP) Scheme operate a policy of equality of opportunity and fair treatment in employment.

The participants aim to ensure that unfair discrimination does not occur. To help us achieve this aim, we ask you to complete this confidential monitoring form. Statutory codes of practice issued by Equal Opportunities bodies recommend that employers monitor their recruitment and employment practices to ensure that their policies are working effectively.

Please complete the form and return it with your nomination form. It will be removed from your nomination and the information you have provided will be used for statistical monitoring purposes only. **It will not be seen by those who are responsible for making selection decisions.**

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**1. ARE YOU:**  Male [ ]  Female [ ]

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**2. WHAT IS YOUR AGE?** 16-19 [ ]  20-29 [ ]  30-39 [ ]  40-49 [ ]

 50-59 [ ]  60-64 [ ]  65+ [ ]

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**3. WHAT IS YOUR ETHNIC GROUP?**

Choose ONE Section from A to E and tick the appropriate box to indicate your cultural background:

**A. White B. Mixed C. Asian or Asian British**

**[ ]** British [ ]  White& Black Caribbean [ ]  Indian

[ ]  Irish [ ]  White & Black African [ ]  Pakistani

[ ]  Other [ ]  White & Asian [ ]  Bangladeshi

 [ ]  Other [ ]  Other

**D. Black & Black British E. Chinese or Other Ethnic Group**

**[ ]** Caribbean [ ]  Chinese

[ ]  African [ ]  Other

[ ]  Other

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**4. WHAT IS YOUR RELIGION OR BELIEF?**

(As per the Employment Equality (Religion or Belief) Regulations 2003).

[ ]  Christian [ ]  Buddhist [ ]  Hindu [ ]  Jewish

[ ]  Muslim [ ]  Sikh [ ]  None [ ]  Other

[ ]  Prefer not to say

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**DISABILITY**

(As per the Disability Discrimination Act 1995)

If you have a medical condition, the Disability Discrimination Act (1995) requires employers to make reasonable adjustments to the job content or working environment. To achieve this, we need to know whether you are covered.

**Definition of Disability:**

 “A physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities in a non-work environment.”

**5. DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY AS DEFINED IN THE DISABILITY**

 **DISCRIMINATION ACT (1995)?**

YES [ ]  NO [ ]

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**6. WHAT IS YOUR SEXUAL ORIENTATION?**

(As per the Employment Equality (Sexual Orientation) Regulations (2003))

[ ]  Heterosexual [ ]  Lesbian [ ]  Gay [ ]  Bi-sexual

[ ]  Other [ ]  Prefer not to say

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**Thank you for completing this form. Please return it with your nomination.**

FOR OFFICIAL USE ONLY:

**Reference Number:**

Recommended for Interview [ ]  Recommended for Promotion [ ]