**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