

**EQUAL OPPORTUNITIES MONITORING FORM**

This form helps us to monitor selection decisions to assess whether equality of opportunity is being achieved. The information on the form will be treated as confidential and used for statistical purposes only. The form will not be treated as part of your application.

**GENDER INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ETHNIC ORIGIN INFORMATION These categories are not about nationality, place of birth or citizenship. They relate to broad ethnic group categories as recommended by the CRE. When you have read them all, please tick the box that most accurately describes you.

ASIAN Indian Pakistani Bangladeshi Chinese

BLACK Caribbean African Other black

 Black British origin

WHITE White British Irish Other white origin

Other ethnic origin (please describe)

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DISABILITY INFORMATION Please fill in this section whether or not you consider yourself to have a disability.

Do you have a disability? Yes No

Multiple disability

Hearing (e.g. deaf, hard or hearing)

Visual (e.g. partially sighted or blind)

Speech (e.g. communicates without speech, speech impairment)

Mobility (e.g. severe back problems, use of wheelchair)

Manual dexterity

Respiratory/heart (e.g. emphysema)

Learning difficulty (e.g. dyslexia, Down’s syndrome)

Mental illness (e.g. depression, severe stress)

Other (e.g. epilepsy, diabetes).

Please describe:

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**HEALTH QUESTIONNAIRE**

1. Do you suffer from any condition which is likely to affect your ability to enter/leave a building/manage stairs or move round an office environment safely?

 Yes No

2. Do you have any medical conditions, which may adversely affect reading print/spelling/using a computer/using your hands (e.g. writing/typing)?

 Yes No

3. Have you suffered from or do you suffer from a medical condition which you believe or you have been told was caused and/or made worse by your work?

 Yes No

4. Do you have any medical condition, which First Aiders should know about (e.g., diabetes, epilepsy)?

 Yes No

5. Do you suffer from any condition which may be regarded as a disability under the Disability Discrimination Act 1995, and of which your prospective employer should be aware?

 Yes No

6. Do you suffer from any other medical condition which may affect your ability to carry out your duties?

 Yes No

7. Have you taken more than 2 episodes of sickness (of more than 10 days duration each) in the last 2 years?

 Yes No

**DECLARATION**

I hereby sign to confirm that I have answered the above questions honestly; I acknowledge that if it subsequently turns out that I have knowingly withheld or provided false information I may be the subject of disciplinary action, including possible dismissal

Name……………………………………………………..

Signature……………………………….. Date……………………

***If you have answered yes to one of the above questions you may be required to complete a more detailed medical questionnaire which would be reviewed by our Health Advisor.***