

Equal Opportunity Monitoring Form

Full Name:		Job Applying for:	
------------	--	-------------------	--

- Community Trade Union has an Equality & Diversity Policy. This document is available upon written request.
- This is to ensure that employees are recruited, developed and promoted on the basis of ability in accordance to the requirements of the job role.
- We ask you to fill out this form so that we can maintain the integrity & values of our Policy.
- This information will be kept confidential and stored in accordance to the Data Protection Act.
- If this form is part of an application pack – this will not be made available to the interview panel.

Personal Data:

Gender:

Male		Female		Transgender		Trans-sexual		Prefer not to say	
------	--	--------	--	-------------	--	--------------	--	-------------------	--

Ethnicity:

Asian or Asian British	Tick
Bangladeshi	
Indian	
Pakistani	
Other Asian (please specify)	

Black	Tick
Black African	
Black Caribbean	
Black British	
Black European	
Other Black	

White	Tick
White – Eastern European	
White – British	
White – Irish Republic	
White – Northern Irish	
White – Scottish	
White – Welsh	
White – Western European – Non UK	
Other White	

Chinese or Chinese British	Tick
Chinese	
Chinese British	

Mixed	Tick
White & Black Caribbean	
White & Black African	
White & Asian	
Other Mixed	

Other	Tick
Other Ethnic background	
Prefer not to say	

Religious Belief:

Atheism/Humanism		Baha'i		Buddhism	
Christianity		Hinduism		Islam	
Sikhism		Judaism		Rastafarianism	
Parsi(Zoroastrians)		Other/Non belief		Prefer not to say	

A disabled person is defined in law as someone who has a physical, sensory or mental impairment or health condition, which has substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.

Every effort will be made to identify reasonable and practical adjustments to the job role and working area for employees with disabilities.

Do you have an impairment of this kind?

Yes		No	
-----	--	----	--

Disability:

Conditions restricting mobility/dexterity (eg affecting back, joints or limbs)

Amputations		Arthritis & Rheumatism		Brittle Bones	
Cerebral Palsy		Hemiplegia		Spina Bifida	
Upper Limb		Work Related Upper Limb Disorder		Other (please state):	

Visual Impairment

Blind		Other (please state):
-------	--	-----------------------

Hearing and/or speech impairment

Deaf		Hard of Hearing		Other (please state):
------	--	-----------------	--	-----------------------

Learning Disability

Downs Syndrome		Dyslexia		Dyspraxia	
Autism Spectrum		Other (please state):			

Other conditions not covered above

Please state:	
---------------	--