## **Equal Opportunities Monitoring Form**

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Once completed please return this form **by email** to <u>recruitment@yellowdoor.org.uk</u> in accompaniment to your completed application form.

We ask that you complete this for purely monitoring purposes. It is separate from your application on receipt and will not be connected in any way to your application.

**Please tell us about yourself:** answering these questions will help us to monitor our recruitment practices and recognise the diversity needs of our workforce. Knowing how many people who share a protected characteristic apply for jobs, get interviewed and are successful can help to ensure we are recruiting without discriminating.

Please tell us about the position you have applied for:				
Status of the position applied for	Full Time	Part Time	Permanent	Temporary
Please tell us how you found out about the post: Publication (which one) Internet (which search engine) Other (please specify)				

Gender – please indicate		ler							
Female	Male			Transgender			er not to say		
Age – please indicate		16-24	25-29	25-29 30-39		-49	9 50-59 6		
Ethnicity – please descri	be your etl	nnicity			•				
White									
White British		White Irish	1			White European			
Other White background									
Asian or Asian British									
Indian		Pakistani			Ban	glades	hi		
Other Asian background									
Black or Black British									
African		Caribbean			Othe	er Blac	k backgroun	d	
Mixed Background									
White and Black Caribbea	an	White and	Black Africa	an	Whi	te and	Asian		
Other Mixed background									
Chinese or other ethnic	group								
Chinese		Any other	ethnic group	):					
Prefer not to say									
Religion or Belief - plea	se describ	e your relig	ion or belief						
Buddhist		Christian			Hind				
Jewish		Muslim			Sikh	1			
Agnostic		Atheist			Non	е			
Other (please specify):					Pref	er not	to say		
Sexual Orientation - ple	ase descri	be your sex	cual orientat	ion:					
Heterosexual		Gay man			Lesk	oian			
Bisexual		Other				er not	to say		
Do you consider yourse	If to have	a disability	<b>y?</b> (you can	select more	than c	ne)			
Blind or visual impairment	t	Deaf or he	aring impair	ment	Lea	ning d	lifficulty		
Mental health condition		Mobility	<u>-</u>		Pref	er not	to say		
Other disability		-					-		
please tell us if you requir	e any								
reasonable adjustment m									
the interview									
Caring responsibilities -							d attention e.	g. a child,	
spouse or someone else	in your hou		<u>er than a ter</u>	nant, lodger					
Yes		No			Pref	er not	to say		