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| Text  Description automatically generated  **APPLICATION FOR EMPLOYMENT** | **EQUAL OPPORTUNITIES MONITORING** Application for employment  This form is anonymous and will only be used for monitoring purposes. It will not be used as part of the selection process. |
| **Age**  16-17 18-21 22-30 31-40 41-50 51-60 61-6565+ Prefer not to say | |
| **Gender** Man  Non-binary  Woman Prefer not to say  If you prefer to use your own term, please specify here: Choose an item. | |
| **Gender identity** Does your gender identity match the sex you were assigned at birth?  Yes  No  Prefer not to say | |
| **Ethnicity**  **Asian/Asian Welsh/Asian British**  Bangladeshi  Chinese  Indian  Pakistani  Prefer not to say  Any other Asian background, please specify here:  **Black/Black Welsh/Black British**  African  Caribbean  Prefer not to say  Any other Black background, please specify here:  **Mixed/Multiple Ethnic Groups**  White and Asian  White and Black African  White and Black Caribbean  Prefer not to say  Any other Mixed background, please specify here:  **White**  Welsh  English  Scottish  Northern Irish  Irish  British  Gypsy or Irish Traveller  Prefer not to say  Any other White background, please specify here:  **Other Ethnic Group**  Please specify here: Prefer not to say  **Do not wish to declare ethnicity** | |

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| **Disability** Section 6 (1) of the Equality Act 2010 states that a person has a disability if:   1. That person has a physical or mental impairment, and 2. The impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities.   Do you consider yourself to have a disability within the definition of the Equality Act? Choose an item.  If YES please give brief details: |
| **Religion or belief**  No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say  If other religion or belief, please specify: |
| **Sexual orientation**  Asexual  Bisexual  Gay or lesbian  Heterosexual  Prefer not to say   If you prefer to use your own term, please specify: |
| **Caring responsibilities**  None  Primary carer of a child/children (under 18)  Primary carer of disabled child/children   Primary carer of disabled adult (18 and over)  Primary carer of older person   Secondary carer  Prefer not to say |