EQUAL OPPORTUNITIES MONITORING FORM			
Post Applied For	Re	No	
Surname or Family Name	Fo	mer Name(s)	
Other names			
<b>Do you consider yourself to have a disability?</b> (i.e. a physic impairment which has a substantial and long-term adverse effe ability to carry out normal day-to-day activities) (Delete as appr		effect on your	Yes / No
If you have a disability what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties?			
What is your gender? (Delete as appropriate)		Female / Male	
2001 census. <b>Your answer must be within this list:</b> White - British / White - Irish / White - Other / Mixed - White & Black Caribbean / Mixed - White & Black African / Mixed - White & Asian / Mixed - Other Mixed Group / Asian or Asian British - Indian / Asian or Asian British - Bangladeshi / Asian or Asian British - Pakistani / Asian or Asian British - Other Asian / Black or Black British - Caribbean / Black or Black British - African / Black or Black British - Other Black background / Chinese / Any other ethnic group			
My Ethnic origin is?			
If "other" please specify?			
To which one of the following age groups do you belong? (Delete as appropriate)		Under 20 / 20-29 / 30-39 / 40-49 / 50- 59 / 60 and over	
What is your religion? This question is optional. These categories are based on the 2001 census. (Delete as appropriate)		None / Christian / Buddhist / Hindu / Muslim / Sikh / Jewish / Other	
If "other" please specify?			
What is your Sexuality? This question is optional. (Delete as appropriate)		Heterosexual / Gay Man or Lesbian / Bisexual / Prefer not to say	
Where did you see this post advertised?			
This form will be separated from the main application form and will not be provided to the short-listing panel. Your answers will be treated in the strictest confidence and the information you provide will only be used for monitoring purposes. How you complete this form has no connection to the evaluation of your application in any way.			