| **Equal Opportunities Recruitment Monitoring** | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | |  | | | | | |  | |  | | | | | | | | | |
| 1. **Gender** | |  |  | | | **Male** | | | | | |  | | **Female** | | | | | | | | | |
|  | |  |  | | |  | | | | | |  | |  | | | | | | | | | |
| 1. **Age** | | |  |  | | --- | --- | |  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | |  | | | | | | | | | |
| 1. **Ethnicity** | | To which of these ethnic groups do you consider you belong? Please pick one from sections a-e and mark one box. | | | | | | | | | | | | | | | | | | | | | |
| 1. **White** |  |  | | | **British** | | |  | | **Irish** | | | | | | | |  | | **Turkish** | | | |
|  |  | **Other white background:** | | | | | | | |  | | | | | | | | | | | | | |
| 1. **Black** |  |  | | | **African** | | |  | | | **Caribbean** | | | | | | |  | |  | | | |
|  |  | **Other black background:** | | | | | | | | |  | | | | | | | | | | | | |
| 1. **Asian** |  |  | | | **Bangladeshi** | | |  | | | **Indian** | | | | | | |  | | **Pakistani** | | | |
|  |  | **Other Asian background:** | | | | | | | | |  | | | | | | | | | | | | |
| 1. **Mixed** |  |  | | | **White/Black African** | | |  | | | **White/Black Caribbean** | | | | | |  | | | **White/Asian** | | | |
|  |  | **Other mixed background** | | | | | | | | |  | | | | | | | | | | | | |
| 1. **Other** |  |  | | | **Arab** | | |  | | | **Chinese** | | | | | |  | | |  | | | |
|  |  | **Any other background** | | | | | | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **Religion** | | Please indicate if you are a member or a follower of any of these religious groups: | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | **No Religion** | | |  | | **Buddhist** | | | |  | | | **Christian** | | | | |  | **Hindu** | |
|  | |  | | **Jewish** | | |  | | **Muslim** | | | |  | | | **Sikh** | | | | |  | **Other** | |
|  | | **If Other, please provide further details**: | | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |  | |  | | | |  | | | |  |
| 1. **Disability** | | **Do you consider yourself disabled?** | | | | | | | | | | |  | | **Yes** | | | |  | | | | **No** |
| Please note that this form is for monitoring purposes only and will not affect your application. | | | | | | | | | | | | | | | | | | | | | | | |