**EQUAL OPPORTUNITIES MONITORING FORM**

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| **The following information is required in order that the Council’s Equal Opportunities Policy can be monitored effectively.** **Please tick the box from the list below which best describes the ethnic group to which you belong:** |
| Name |  | Job applied for |  | Job ref: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Age  |  | Date of Birth |  | Sex:  | Male | \_ |  | Female | \_ |  |
|  |  |  |
| **White** | **Black / Black British** | **Chinese / other ethnic group** |
| \_\_ | British | \_\_ | Black Caribbean | \_\_ | Chinese |
| \_\_ | Irish | \_\_ | Black African | \_\_ | Any other background |
| \_\_ | Other White background | \_\_ | Other Black background |  |  |
|  | Please specify |  | Please specify |  | Please specify |  |
|  |  |  |  |  |  |  |
|  |  |  |
| **Asian / Asian British** | **Mixed** |  |
| \_\_ | Indian | \_\_ | White & Black Caribbean |  |  |
| \_\_ | Pakistani | \_\_ | White & Black African |  |  |
| \_\_ | Bangladeshi | \_\_ | White & Asian |  |  |
| \_\_ | Other Asian background | \_\_ | Other mixed background |  |  |
|  | Please specify |  | Please specify |  |  |  |
|  |  |  |  |  |  |  |
|  |
| Do you consider yourself to have a disability? | **Yes** | \_\_ | **No** | \_\_ |
|  |
| Is there anything we need to know about your disability in order to offer you a fair selection  |
| interview? (For example a signer or an accessible interview room) |  |  |
|  |
|  |
|  |
| How did you hear about this vacancy? |
| Please specify: | Job Centre  |  | Word of Mouth |  | Website |  |
|  | Advertisement *(please specify)*  |  |
|  | Other *(please specify)*  |  |