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**Equal Opportunities, Monitoring Form**

In line with Healthwatch Islington’s Equal Opportunities Policy, please complete the form below and return it with your application form. Your information will be treated in confidence and used only for the purpose of monitoring against our Equal Opportunities policy. This will form no part of the application process. Thank you for your assistance.

|  |  |
| --- | --- |
| Candidate name: |  |
| Application for post of: |  |
| Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are you** |  |  | **Is your gender the one you were born with?** | | |
| Male |  |  | Yes |  |  |
| Female |  |  | No |  |  |
| Prefer not to say |  |  | Prefer not to say |  |  |
| **Which age group do you belong to?** |  |  | **How do you describe your sexual orientation?** | | |
| 16 – 19 |  |  | Bisexual |  |  |
| 20 – 29 |  |  | Gay |  |  |
| 30 – 39 |  |  | Heterosexual/ Straight |  |  |
| 40 – 49 |  |  | Lesbian |  |  |
| 50 – 59 |  |  | Prefer not to say |  |  |
| 60 – 69 |  |  |  |  |  |
| 70 + |  |  |  |  |  |
| Prefer Not to say |  |  |  |  |  |
|  |  |  |  |  |  |
| **How do you describe your ethnic background?** | | | |  |  |
| **Asian or Asian British** |  |  | **Black or Black British** |  |  |
| Bangladeshi |  |  | African |  |  |
| Chinese |  |  | Caribbean |  |  |
| Indian |  |  | Eritrean |  |  |
| Pakistani |  |  | Ethiopian |  |  |
| Vietnamese |  |  | Somali |  |  |
| Other |  |  | Other |  |  |
| If other, please specify….. |  |  | If other, please specify…. |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **White or White British** |  |  | **Dual Heritage** |  |  |
| British |  |  | Asian & White |  |  |
| Irish |  |  | Black African & White |  |  |
| Kurdish |  |  | Black Caribbean & White |  |  |
| Polish |  |  | Other |  |  |
| Turkish |  |  | If other, please specify… |  |  |
| Welsh |  |  |  |  |  |
| Other White Background |  |  |  |  |  |
| If other, please specify |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other ethnic background** |  |  |  |  |  |
| Please specify: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |
|  |  |  |  |  |  |
| **Do you consider yourself to have a disability?** | | | | | |
| Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities. Since 2005, people with HIV, cancer and Multiple Sclerosis (MS) are covered by DDA**)** | | | | | |
|  |  |  |  |  |  |
| Yes |  |  | No |  |  |
| If yes, please specify |  |  | Prefer not to say |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Do you have a religion or belief? |  |  |  |  |  |
| Buddhist |  |  |  |  |  |
| Christian |  |  |  |  |  |
| Hindu |  |  |  |  |  |
| Jewish |  |  |  |  |  |
| Muslim |  |  |  |  |  |
| Sikh |  |  |  |  |  |
| No religion |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |
| Other, please specify |  |  |  |  |  |
| Jewish by heritage, but non-practicing and non-religious. |  |  |  |  |  |