

## EQUAL OPPORTUNITIES MONITORING FORM

<b>Post Applied For</b>
<b>Ref No.</b>
<b>Surname or Family Name</b>
<b>Former Name(s)</b>
<b>Other names</b>
<b>What is your gender?</b>
<b>Which of the following best describes your Ethnic origin?</b>
<b>If “other” please specify?</b>
<b>Do you consider yourself to have a disability?</b>
<b>If “YES” select the option that best describes the nature of your disability?</b>
<b>If you have a disability what equipment, adaptations or adjustments to working conditions would assist you in carrying out your duties?</b>
<b>What is your age range?</b> <div>60 and over</div>
<b>What is your religion or belief?</b>
<b>If “other” please specify?</b>
<b>What is your sexual orientation?</b>
<b>Is your gender the same as was assigned to you at birth?</b>
<b>Are you married or in a civil partnership?</b>
<b>Are you currently pregnant or on maternity leave from your current employer?</b>
<b>Where did you see this post advertised?</b>

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.

**FOR OFFICIAL USE ONLY**  
Candidate No.