

EQUAL OPPORTUNITIES MONITORING FORM

LIFE is committed to equal opportunity in employment. Our employment policies for recruitment and selection are designed to ensure that no job applicant receives less favourable treatment on the grounds of race, colour, nationality, ethnic, or national origin, religion, political belief, trade union membership or non-membership, sex or marital status.

The purpose of this form is to ask you to assist us in the process of monitoring our Equal Opportunities Policy. It is important for us to monitor how effective the Equal Opportunities Policy is in practice, particularly in the area of recruitment.

You are asked below to give some personal details. This will not be seen by anyone who is involved in decisions about who to appoint to a post. The details will be used for statistical purposes only. The information will be treated in confidence and it is intended to **prevent** discrimination.

Thank you for completing this form – please keep this form separate in the envelope marked **Equal Opportunities Monitoring** and return it with your application form.

Post Applied for:

Location:

Sex: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Not Married

Have you any dependent children? ☐ Yes ☐ No

How would you describe your ethnic origin?

White

☐ British ☐ Irish ☐ European ☐ Other (please give details).....

Mixed

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

☐ Any other mixed background (please give details).....

Asian or Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please give details).....

Black or Black British

☐ Caribbean ☐ African ☐ Any other Black background (please give details).....

Chinese or Other Ethnic group

☐ Chinese ☐ Other (please give details).....

The Disability Discrimination Act 1995 states that “a person has a disability for the purposes of this Act if they have a physical or mental impairment which has substantial and long-term adverse effect on their ability to carry out day to day activities”.

Please indicate whether or not you consider yourself to be disabled under the terms of the Disability Discrimination Act.

☐ Yes ☐ No