

EQUAL OPPORTUNITIES MONITORING FORM

POST APPLIED FOR: _____

DMAC strives to be an equal opportunities employer. Our policy aims to ensure that everyone who applies to join us receives equal treatment. The information we are seeking in the questionnaire will be used to ensure that our recruitment practices promote equality of opportunity.

This questionnaire will not be seen by the recruitment panel. All information received will be treated in strict confidence. For this reason, this Questionnaire will be separated from your application and used for monitoring purposes only.

THANK YOU FOR YOUR CO-OPERATION

AGE	
<input type="checkbox"/> 16-24	<input type="checkbox"/> 45-54
<input type="checkbox"/> 25-34	<input type="checkbox"/> 55-64
<input type="checkbox"/> 35-44	<input type="checkbox"/> 65+
<input type="checkbox"/> Prefer not to say	

GENDER	
<input type="checkbox"/> Male	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Female	<input type="checkbox"/> Prefer to self-describe

GENDER IDENTITY
Is your gender identity the same as the sex you were assigned at birth?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

RELIGION/BELIEF	
<input type="checkbox"/> Buddhist	<input type="checkbox"/> No Religion
<input type="checkbox"/> Christian	<input type="checkbox"/> Sikh
<input type="checkbox"/> Hindu	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Jewish	<input type="checkbox"/> Other religion/belief
<input type="checkbox"/> Muslim	

SEXUAL ORIENTATION	
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/Lesbian	<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe:

DISABILITY
Do you consider yourself to be disabled?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

ETHNICITY	
<input type="checkbox"/> Arab	
Asian/Asian British:	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian:
Black/Black British:	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black/Black British:
Mixed:	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed:
White:	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other White:
<input type="checkbox"/> Any other ethnic group:	
<input type="checkbox"/> Prefer not to say	

CARER

Do you have caring responsibilities? (please tick all that apply)

- None
- Primary carer of a child or children (under 18)
- Primary carer of a disabled child or children
- Primary carer or assistance for a disabled adult (18 years and over)
- Primary carer or assistant for an older person or people (65 years and over)
- Secondary carer (another person carries out the main caring role)
- Prefer not to say