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**Equal Opportunities Monitoring Form**

Please complete this Equal Opportunities Monitoring Form. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of ‘protected characteristics’. We ask for information on your ‘protected characteristics’ in order to help us monitor our performance on equality.

In accordance with the provisions of the General Data Protection Regulation, the information you provide will be held confidentially and can only be used if you give us your consent.

**The form will be kept separate from your application form and will not be seen by the people making the decision on your application**. Assessment of your suitability for the post is made purely on the information you give on the application form and your performance during any interview process, should you be invited. Appointments are made strictly on merit. We hope that this encourages you to complete the form.

Please let us know if you require any special arrangements should you be called to attend an interview and please state any such adjustments here if so:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If you do not require special arrangements, please leave the above space blank.*

Should you have any questions, please contact: recruitment@vckc.org.uk

**Which of the following best describes your gender?**

☐ Male ☐ Female ☐ Prefer not to say

Other (Please state below)

|  |
| --- |
|  |

**Do you consider yourself to be a Trans person?**

☐Yes ☐No ☐Prefer not to say

**AGE:**

|  |  |  |
| --- | --- | --- |
| 66+ |  | |
| 56-65 |  | |
| 46-55 |  | |
| 36-45 |  | |
| 26-35 |  | |
| 25 & under |  |  | |  |
| Prefer not to say |  |  | |  |

**DISABILITY:**

The Disability Discrimination Act as incorporated in Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on their ability to carry out normal day-to-day activities. Adverse effects may arise from external barriers experienced by people with impairments.

When you answer the question, you should not take into account the effect of any medication or treatments used or adjustments made (for example at work or at home) which reduce the effects of impairments. Instead, you should think about the effect the impairment would have if these were not being used or made.

Taking this into account, do you consider yourself to be a disabled person?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes: |  | No: |  | Prefer not to say |  |

**Your experience of mental health problems**

Would you describe yourself as someone who is experiencing or has experienced mental health problems?

☐ Yes.

☐No

**☐** Prefer not to say

**ETHNIC ORIGIN:**

Which group do you identify with? Please tick one box. The options are listed alphabetically.

ASIAN OR ASIAN BRITISH

|  |  |
| --- | --- |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |

Any Other Asian background (specify if you wish)

|  |
| --- |
|  |

BLACK OR BLACK BRITISH

|  |  |
| --- | --- |
| African |  |
| Caribbean |  |

Any Other Black background (specify if you wish)

|  |
| --- |
|  |

MIXED

|  |  |
| --- | --- |
| Asian and White |  |
| Black African and White |  |
| Black Caribbean and White |  |

Any other Mixed Ethnic Background (specify if you wish)

|  |
| --- |
|  |

WHITE

|  |  |
| --- | --- |
| White |  |

ANY OTHER BACKGROUND

Any other ethnic background (specify below if you wish)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Prefer not to say |  |

**SEXUAL ORIENTATION -** Do you consider yourself to be:

|  |  |
| --- | --- |
| Bi/Bisexual |  |
| Gay man |  |
| Gay woman/lesbian |  |
| Heterosexual/straight |  |

Other (Please state below)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Prefer not to say |  |

**RELIGION AND BELIEF -** What is your religion?:

|  |  |
| --- | --- |
| None |  |
| Christian |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |

Other (Please state below)

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Prefer not to say |  |

**CARING RESPONSIBILITIES –** Are you responsible for the care of children or adults

|  |  |
| --- | --- |
| Yes |  |
| No |  |

|  |  |
| --- | --- |
| Prefer not to say |  |