

Equal Opportunities Monitoring Form

Havant and East Hants Mind is an equal opportunities employer and as such we ask all candidates to complete and return this Equal opportunities Monitoring Form with your Employment Application Form. This form may also be returned in a separate envelope if preferred. The data gathered will help Havant and East Hants Mind monitor the effectiveness of its equal opportunities policies and procedures and will be held in accordance with the Data Protection Act 1998. By completing this form you agree to Havant and East Hants Mind holding and processing the data below for its legitimate business reasons outlined above.

This sheet will be detached before your application is considered. Any information given will be held in strict confidence and will not affect your application. We ask for your co-operation in completing this sheet as much as you can.

Please complete or put a tick () in all relevant boxes

Job details

Post Applied For:	
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Disability

(The Disability Discrimination Act defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities)

Do you consider that you have a disability or long-term medical condition

Yes	No	I Prefer not to say
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If yes please tick all the boxes that apply to you

Deaf or severely hearing impaired	
Blind or severely visually impaired	
A condition that makes it very difficult for you to do basic activities like walking, climbing stairs, lifting or carrying	
A long-term psychological or emotional condition, such as depression	
A learning difficulty (such as dyslexia or Down's syndrome) or cognitive difficulties (such as autism or a head injury)	
Any other long-term condition such as diabetes or epilepsy. Please specify	
Would you need any adjustments to be made to carry out this role? Yes / No (if yes please give details)	

Sexual orientation

Which of the following best describes how you think of yourself?

Bisexual	Gay Man	Gay Woman/Lesbian
Heterosexual/Straight	Other (please specify if you wish)	I prefer not to say

Gender

Do you regard yourself as transgender?

Yes	No	I prefer not to say
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Ethnicity

Which is your ethnic group? Choose **ONE** Section from A to F, then tick the appropriate box to indicate your cultural background

A. White	B. Mixed or multiple ethnic groups	C. Asian or Asian British
English, Welsh, Scottish, Northern Irish or British White Irish	White and Black Caribbean	Bangladeshi
Irish	White and Black African	Indian
Any other White Background (please specify)	White and Asian	Pakistani
	White and Chinese	Any other Asian background (please specify)
	Any other mixed background (please specify)	
D. Black or Black British	E. Chinese, Arab or other Ethnic Group	F. I prefer not to say
Black or Black British Caribbean	Chinese	
Black or Black British African	Arab	
Any other Black Background (please specify)	Any other Ethnic Group (please specify)	

Religion

What is your Religion (ie: Christian, Jewish, Muslim, etc)

None	I prefer not to say	
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SIGNED.....DATE:.....