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. 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 (2) in all relevant boxes

(The Disability Discrimination Act defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your online or your out normal day to day activities) Do you consider that you have a disability or long-term medical condition Yes No	Job details		
(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]	Post Applied For:		
Deaf or severely hearing impaired	on your ability to carry out normal day to day act Do you consider that you have a disability or long Yes	tivities) g-term medical condition	,
Bilind or severely visually impaired A condition that make 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 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 English, Weish, Scottish, Northern Irish or British White Irish Irish White Background (please Specify) White and Black African Indian Any other White Background (please Specify) D. Black or Black British E. Chinese, Arab or other Ethnic Group (please specify) Religion What is your Religion (ie: Christian, Jewish, Muslim, etc)			
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