

# equality monitoring form



## PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND IN BLACK INK

- Our Dynamic Earth is committed to practicing equality of opportunity in the way we treat job applications, our employees and our customers. We aim to ensure that no direct or indirect discrimination occurs on the grounds of gender, colour, race, nationality, marital status, religion/belief, sexual orientation, disability or age.
- This questionnaire is intended to assist us monitor the effectiveness of our Equal Opportunities Policy and to enable us to comply with the terms of the relevant discrimination legislation.
- You are requested, but not obliged, to complete this questionnaire and return it with your application form.
- **The information provided by you on this form will not be made available to the Selection Panel short-listing candidates for interview and will be used for monitoring purposes only.**

### General Information

Post Title	
Where did you see this post advertised?	
Date of Application	
Are you an Internal Candidate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes – will this be a promotion for you?	YES <input type="checkbox"/> NO <input type="checkbox"/>

### Gender

What is your Gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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### Age

What is your Date of Birth?	
What age group do you fall into?	16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 60+ <input type="checkbox"/>

### Sexual Orientation

- How would you describe your sexual orientation:

Heterosexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Other <input type="checkbox"/>
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### Disability

- The Disability Discrimination Act 1995 (DDA) defines a disability as a 'physical or mental impairment, which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities'.
- An effect is long-term if it has lasted, or is likely to last, over 12 months.
- If your only impairment is that you are either short or long sighted and this is corrected by wearing glasses/contact lenses, please tick the 'no' box.

Do you consider yourself to have a disability as defined by the DDA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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### Religion

Do you have religious beliefs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes – how would you describe them?		

### Ethnic Origin

- Individuals should determine which of the following categories they most closely associate themselves with, having regard to their ethnic or cultural background.
- These categories are those contained in the 2001 population census and recommended by the Commission for Racial Equality.

#### A – WHITE

- Scottish
- English
- Welsh
- Irish
- Any other white background

#### B – BLACK

- Black Scottish, Black English, Black Welsh or other Black British background
- Caribbean
- African
- Any other black background

#### C – ASIAN

- Asian Scottish, Asian English, Asian Welsh or other Asian British
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other asian background

#### C – MIXED

- Any mixed background

#### E – OTHER

- Any other background