

**EQUAL OPPORTUNITIES MONITORING FORM**

**Completion of this form is voluntary and the contents will remain anonymous.**

**Easthall Park Housing Association** is committed to equal opportunities in employment, regardless of: age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race (including colour, nationality ethnic or national origins and citizenship), religion/belief, sex and sexual orientation.

**If you wish** to assist us in achieving a diverse workforce, and advertising our vacancies appropriately, please complete the following questionnaire.

If you do not wish to complete the form, this will have no bearing on any selection decisions.

All information will be treated in the strictest confidence, processed anonymously and separately from any application form you submit. The information will not be provided to or shared with the shortlisting or interview panel. Our Data Protection Privacy Policy can be found on our website.

**Gender:** Male Female Other

**Disability: Do you consider yourself to have a disability/special needs?**  Yes No

**Ethnic Origin: Please choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.**

**A White B Mixed C Asian or Asian D Black or Black**

**Scottish/British Scottish/British**

English Any mixed Indian Caribbean

Scottish background Pakistani African

Welsh Bangladeshi Other black

Irish Chinese

Polish Other Asian

Gypsy Traveller

Other white

**E Other ethnic group**  Prefer not to say

Arab, Arab Scottish/British

Any other ethnic group (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion:** I would describe my religious background/belief as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None I prefer not to say

**Sexual Orientation:**

Bi-sexual Gay/Lesbian Heterosexual/Straight Prefer not to say

**Age:** **Please indicate your age group.**

16 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 & over

**Where did you see this post advertised?**

Herald S1jobs.com EVH Bulletin EVH Website Word of mouth

Internal Notice Other If other please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_