

**Recruitment Form**

**Date:**

**Equal Opportunities Monitoring Form**

This is sensitive personal data and will be treated with the utmost confidentiality in line with GDPR and the DPA 2018. The data will only be used for general statistical and monitoring purposes. In doing this, we are able to assess if we are effectively reaching out to diverse populations.

|  |  |
| --- | --- |
| **What age are you?** | ………………………………………..□ I do not wish to disclose this |
| **What gender are you?** | □ Female □ Transgender□ Other.................................................□ I do not wish to disclose this information |

|  |
| --- |
| **How would you describe your ethnic origin?** |
| **Asian or Asian British**□ Bangladeshi□ Indian□ Pakistani□ Chinese□ Any other Asian  background (please give details)…………………………**Black or Black British**□ African□ Caribbean□ Any other Black  background (please give details)………………………… | **Mixed**□ Asian & White□ Black African & White□ Black Caribbean & White □ Any other mixed  background (please give details)………………………………**White**□English/Welsh/Scottish/  Northern Irish/British□ Irish□ Gypsy or Irish Traveller□ Any other White background (please give details)……………………………… | **Other Ethnic Group*** Arab

 □ Any other ethnic group(please give details)………………………………□ Prefer not to say |

|  |
| --- |
| **Which of the following best describes your sexual orientation** |
| □ Heterosexual/Straight □ Lesbian/Gay woman □ Bisexual□ Other (please state) …………………………………………………………..□ Prefer not to say |
| **What is your religion or belief?** |
| □ I have no particular religion□ Buddhist □ Christian□ Hindu □ Jain  | □ Pagan□ Sikh□ Agnostic□ Atheist□ Jewish□ Muslim | □ Other (please state)…………………………………..□ Other philosophical belief (please state)…………………………………□ Prefer not to say |

|  |  |
| --- | --- |
| **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last,** **at least 12 months?** | □ Yes a little□ Yes a lot□No (do not answer the next question)□ Prefer not to say |
| **If you have more than one please tick all that apply. If none apply, please mark ’other’ and write an answer.** |
| **□** Physical Impairment □ Sensory Impairment □ Learning Disability/Difficulty □ Long-standing illness □ Mental Health condition □ Autistic Spectrum □ Other Developmental Condition □ Other (please state) ………………………… |
| **Are you a carer?**A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems. | □ Yes □ No □ Prefer not to say |
| **If yes, do you care for a………?** | □ Parent□ Partner/spouse□ Child with special needs □ Friend□ Other family member□ Other (please give details)…………………. |
| **Armed Forces Service:*** Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, eg: Territorial Army)?
* Have you ever served in the UK Armed Forces?
* Are you a member of a current or former serviceman or woman’s immediate family/household?
 | □ Yes □ No□ Yes □ No □ Yes □ No |
|  |  |

**Thank you for completing this form – it will help us improve our services for everyone.**

**Please return this form to the person who gave it to you. The data controller for this form is Brighton Women’s Centre.**