**St Mary’s Secret Garden**

**Equal Opportunities Monitoring Form**

 **Role applied for:**

**Date:**

*Any information provided on this form will be treated as strictly confidential and will be used for
statistical purposes only. No information will be published or used in any way which allows any
individual to be identified.*

*Please highlight or mark the relevant answer. If you prefer not to respond to a question, please leave it blank.*

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| **Please identify which age group you belong to:** |
| **18 - 24** | **25- 29** | **30-34** | **35-39** | **40-44** | **45-49** | **50 - 54** | **55 – 59** |
| **60 – 64** | **65+** |

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| **Choose one option that best describes your ethnic group or background:** |
| **Asian/Asian British** |  | White and Black Caribbean |  |
| Bangladeshi |  | Any other Mixed/Multiple ethnic background, please describe |  |
| Chinese |  |  |  |
| Indian |  | **Other ethnic group** |  |
| Pakistani |  |  |  |
| Any other Asian background, please describe |  | **White** |  |
|  |  | British – English / Northern Irish / Scottish / Welsh |  |
| **Black African/Caribbean/Black British** |  | Gypsy or Irish Traveller |  |
| African |  | Irish |  |
| Caribbean |  | Any other White background, please describe |  |
| Any other Black African/Caribbean background, please describe |  |  |  |
|  |  |
| **Mixed/Multiple ethnic groups** |  |
| White and Asian |  |
| White and Black African |  |

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| **What is your religion?** |
| **Christian** | **Jewish** | **Muslim** | **Hindu** |
| **Sikh** | **Buddhist** | **None** | **Other (please state):** |

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| **What is your gender?** |
| **Woman** | **Man** | **Non-binary** | **Other (please state:** |
| **Is your gender the same as the gender you were assigned at birth?** |
| **Yes**  | **No** |

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| **What is your sexual orientation?** |
| **Lesbian** | **Gay** | **Bisexual** | **Heterosexual** | **Other (please state):** |

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| **Do you consider yourself disabled?** *(The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a substantial & long term effect on a person’s ability to carry out normal day to day activities’.)* |
| **Yes** | **No** |

*I hereby give my consent to St Mary’s Secret Garden processing the data supplied in this application form for the purpose of recruitment and selection.*

*Signed: Date:*