**Equal opportunities monitoring form**

It is the aim of Merseyside Society for Deaf People to ensure that no job applicant, employee or volunteer receives less favourable treatment on the grounds of race, ethnic or national origin, disability, age, gender, marital status, sexuality, religious beliefs, trade union activity, or responsibility for dependants; or, is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. The information collected on this form is used to monitor the charity's equal opportunities policy and will not constitute, or be used in any part of, the recruitment and selection process.

|  |  |
| --- | --- |
| Position applied for: | Closing date: |

|  |
| --- |
| Personal details |
| Your name: |
| How old are you?  16-19  20-24  25-29  30-34 35-39 40-44  45-49  50-54 55-59  60-64  65-69  70+ |

|  |  |  |
| --- | --- | --- |
| How would you describe your ethnic origin | | |
|  | | |
| White | British  Irish  Any other white group |  |
| Black or black British | Caribbean  African  Any other black group |  |
| Asian or Asian British | Indian  Pakistani Bangladeshi  Any other Asian group |  |
| Mixed | White and black Caribbean  White and black African  White and Asian  Any other mixed group |  |
| Any other ethnic groups | Chinese  Any other group |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| How would you describe your sexual orientation | | | | | |
| Heterosexual  Bisexual | |  | Lesbian | Gay |
| I do not wish to disclose my sexual orientation |  | |

|  |
| --- |
| Religious group |
| What is your religious group? |

|  |  |
| --- | --- |
| What best describes your gender | |
| Female  Male  Non-binary  Prefer not to answer |  |

|  |  |
| --- | --- |
| Is your gender identity the same as the sex you were assigned at birth? | |
| Yes  No  Prefer not to answer |  |

|  |  |
| --- | --- |
| Do you have caring responsibilities? | |
| Children (under 4 years)  Children (5-10 years)  Children (11-16 years)  Primary carer for an adult  Secondary carer for an adult  No |  |

|  |  |
| --- | --- |
| Do you have a physical or hidden disability or long term physical or mental health condition? | |
| Yes  No  Prefer not to answer |  |

Please return your completed form to [recruitment@msdp.org.uk](mailto:recruitment@msdp.org.uk) as a separate attachment to your application form