

Equal opportunities monitoring form

We are committed to having a workforce that promotes equality and celebrates diversity. To help us monitor and achieve this, we gather and use information about job applicants and our workforce to continually improve our employment policies and to remove barriers to and within employment. The information you give is confidentially managed and does not affect your job application.

It will help us if you provide as much information as possible, but if you do not wish to answer any questions please leave them blank.

Job number:

<input type="text"/>									
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Where did you see this job advertised?

<input type="text"/>

What age group are you (years)?

Up to 20	<input type="text"/>	20-25	<input type="text"/>	26-30	<input type="text"/>	31-35	<input type="text"/>	36-40	<input type="text"/>	41-45	<input type="text"/>	46-50	<input type="text"/>	<input type="text"/>
51-55	<input type="text"/>	56-60	<input type="text"/>	61-65	<input type="text"/>	Over 65	<input type="text"/>							

What is your title?

Mr	<input type="text"/>	Mrs	<input type="text"/>	Miss	<input type="text"/>	Ms	<input type="text"/>												
Other (please specify):		<input type="text"/>																	

How do you describe your gender?

Male	<input type="text"/>	Female	<input type="text"/>
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What is your marital status?

Single	<input type="text"/>	Married	<input type="text"/>	Divorced	<input type="text"/>	Widowed	<input type="text"/>	Civil Partnership	<input type="text"/>	<input type="text"/>
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How do you describe your religion or belief (if any)?

Buddhism	<input type="text"/>	Christianity	<input type="text"/>	Hinduism	<input type="text"/>	Islam	<input type="text"/>												
Judaism	<input type="text"/>	Sikhism	<input type="text"/>	Non belief	<input type="text"/>	Withheld	<input type="text"/>												
Other (please specify):		<input type="text"/>																	

Do you consider yourself to have a disability?

Yes	<input type="text"/>	No	<input type="text"/>
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If your answer is 'yes', it would help us to know any barriers you have faced when dealing with us. Please also use this space to make suggestions on how we can improve.

<input type="text"/>

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How do you describe your ethnic origin?

Please read through carefully before selecting the ethnic group that you feel most closely reflects your background.

White

British		Cornish		Irish		
Gypsy		Roma		Travellers of Irish Heritage		
Other white background (please specify):						

Mixed

White & Asian		White & Black African		White & Black Caribbean		
Mixed Cornish						
Other mixed background (please specify):						

Black or Black British

African		Caribbean		Cornish		
Other Cornish background (please specify):						

Asian

Bangladeshi		Chinese		Indian		Pakistani
Cornish						
Other Asian background (please specify):						