**Equal Opportunities Monitoring Form**

**Private & Confidential**

The Anvil Trust Limited is an equal opportunities employer. In order to ensure that The Trust meets the requirements within its equal opportunities policy, all applicants are asked to complete the form below. This information will be used solely for monitoring purposes and will be treated as confidential. It will be separated from your completed application form before short-listing of candidates takes place. Thank you for your co-operation.

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| **APPLICATION FOR THE POST OF:** |
| How would you describe your gender identity:  Female (inc. trans women)  Male (inc. trans men)  non-binary  Prefer not to say  What is your age? Under 19  20 – 34  35 – 49  50 – 64  65 - 74  74 + Prefer not to say |
| **DISABILITY** |
| **Do you consider yourself to have a disability as described in The Equality Act 2010?**  The Equality Act protects people with a disability who have ‘a physical or mental impairment, which has a substantial long-term adverse effect on [their] ability to carry out normal day-to-day activities’. Long term means 12 months or more.   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | Used to have a disability but have now recovered |  | Don't know |  | | Prefer not to say |  |  | | |

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| **ETHNICITY** |
| Which is your ethnic group? Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background.  **A White** **B** **Mixed/multiple ethnic groups**  White British  White & Black Caribbean  White Irish  White & Black African  Gypsy, Roma or Irish Traveller  White & Asian  Any other White background  Any other Mixed background    **C** **Asian or British Asian:**  **D** **Black or Black British:**  Indian  Black Caribbean  Pakistani  Black African  Bangladeshi  Any other Black background  Chinese  Any other Asian background    **E** Arab  Latin American  Other Ethnic Group  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| **SEXUAL ORIENTATION** |
| **How would you describe your sexual orientation?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Heterosexual / Straight |  | Bisexual |  | Prefer not to say |  | | Gay/ Lesbian |  | Queer |  | Other |  | |
| **BACKGROUND** |
| **Occupation of main income earner in your household when you were 14 years old:**  Prefer not to say  Don’t know |
| **If you have children under 17 in your household, who takes main responsibility for childcare?**   |  |  |  |  | | --- | --- | --- | --- | | No children/ Not applicable |  | Someone else shares equally |  | | Me |  | Someone else has main responsibility |  | |
| **How did you hear about the vacancy?** |

**Thank you for taking the time to complete this Equal Opportunities monitoring form.**

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| **FOR OFFICE USE ONLY:**  Equal opportunities monitoring No: |