

DIVERSITY MONITORING

EQUAL OPPORTUNITY/DIVERSITY INFORMATION

We are committed to an Equal Opportunities Policy. The sole criterion for selection is the suitability of the applicant. In order to allow us to monitor that our Equal Opportunities Policy is working, we hope that you will take the time to provide this information on a voluntary basis. This information will be used for monitoring and analysis purposes only.

Please select the option which best describes your ethnic origin

ASIAN

- Asian or Asian British Indian
 Asian or Asian British Pakistani
 Asian or Asian British Bangladeshi
 Chinese
 Asian other background (please specify) _____

BLACK

- Black or Black British African
 Black or Black British Caribbean
 Black other background (please specify) _____

WHITE

- British
 White Irish
 White other background (please specify) _____

MIXED RACE

- White and Black Caribbean
 White and Black African
 Mixed White and Asian
 Mixed other background (please specify) _____

OTHER ETHNIC GROUP

Please specify _____ Prefer not to say

DATE OF BIRTH:

GENDER

- Male
 Female
 Prefer not to say

What is your age group

- 16–21
 22–30
 31–40
 41–50
 51–60
 60–65
 65+
 Prefer not to say

What is your marital status

- Single
 Married/Civil Partnership
 Separated
 Divorced
 Prefer not to say

What is your sexual orientation

- Hetrosexual
 Lesbian or Gay
 Bisexual
 Prefer not to say

What is your religious belief

- Christian
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Other Religion (Please specify) _____
 None
 Prefer not to say

MEDICAL DETAILS

Have you ever had or suffer from any of the following in the last ten years?

Fits, faints, epilepsy, blackouts, migraine or persistent headaches	Yes/No	Problems with eyes, nose, throat or skin	Yes/No
Difficulty hearing, discharge from ears	Yes/No	High blood pressure, pains in the chest, heart problems, varicose veins, circulation problems	Yes/No
Dyslexia	Yes/No	Psychiatric difficulties	Yes/No
Asthma, bronchitis, pneumonia, pleurisy, persistent cough, tuberculosis or any other lung complaint or allergy	Yes/No	Chronic or persistent indigestion, ulcers, stomach or duodenum, recurrent diarrhoea, rupture or jaundice	Yes/No
Arthritis, rheumatism, repetitive strain injury, back pain, prolapsed disc or any other disease of the joints, ones or muscles	Yes/No	Do you have any physical or mental impairment (disability) which affect your ability to carry out day-to-day activities?	Yes/No
Have you ever been refused employment on medical grounds?	Yes/No	Have you ever had an absence for a period of more than 5 days? If so what was the reason	Yes/No
Are you receiving treatment currently, whether or not prescribed?	Yes/No	Have you ever been an in-patient? If so what for	Yes/No
Have you resided abroad in the past year?	Yes/No	Any other illness or condition not mentioned. If yes please give details	Yes/No
Have you ever been subject to disciplinary proceedings because of absence from work as a result of illness?			Yes/No
Do you have any special requirements to assist you in the workplace?			Yes/No
Do you have any special requirements when attending interview e.g. access, interpreter, etc?			Yes/No
Approximate number of days lost through illness in the past two years			
Do you have a disability			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	

CRIMINAL OFFENCES:

Have you ever been convicted or pleaded guilty to a criminal offence which did not involve a parked motor vehicle? Yes No

If 'yes' please indicate the exact offence, the date of conviction and the sentence by the Court.
(please note you do not have to list any convictions which are 'spent' under the Rehabilitation of Offenders Act).

If you have answered yes to any of the questions above, please give details below

In case of emergency please supply the following details

Name of GP	Next of kin
	Relationship
GP Address	Contact Address
Telephone No	Telephone No
Signed	
Print Name	
Date	