

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

DIVERSITY
MONITORING CONT...

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

Do you have a disability
 Yes No 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

DATA PROTECTION CONSENT

I consent to The Business Connection processing personal data about me and specifically consent to their passing on my registration form, CV, medical history, equal opportunity/diversity information, criminal offences and references to client companies of The Business Connection.

I also understand that giving false information or withholding information may lead to the termination of my contract.

Signed

Print Name

Date