Equal Opportunities Monitoring Form



Personal information including gender, ethnicity and age is collected by NYCOS for monitoring purposes only and will not be used in any decisions affecting you. The responses that you do give will assist us greatly in our commitment to diversity and will be kept strictly confidential.

GENDER:						
Male	Female		Non-binar	У	Prefer not to say	
If you pre	efer to use your c	fer to use your own term, please		re:		
ARE YOU MARRIED OR IN A CIVIL PARTNERSHIP?						
Yes	No		Prefer not	to say		
AGE:						
16-24	25-29	30-34	35-39	40-44	45-49	
50-54	55-59	60-64	65+	Prefer not	to say	
WHAT IS YOUR E	THNICITY?					

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

English	Welsh	Scottish	North	ern Irish
Irish	British	Gypsy or Irish Trave	ller	Prefer not to say

Any other white background, please specify here:

White:

Mixed/multiple ethnic groups:					
White and Bl	ack Caribbean	White and Black African	White and Asian		
Prefer not to	Prefer not to say				
Any other mix	xed background, plea:	se specify here:			
Asian/Asian British:					
Indian	Pakistani	Bangladeshi	Chinese		
Prefer not to	say				
Any other Asian background, please specify here:					
Black/ African/ Caribbean/ Black British:					
African	Caribbean	Prefer not to say			
Any other Black/African/Caribbean background, please specify here:					
Other ethnic group:					
Arab	Prefer not to say				

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY OR HEALTH CONDITION?

Yes No Prefer not to say

Any other ethnic group, please specify here:

	What is the effect o at work? Please spe		ır disability or I	nealth conditio	on on your ability to give your	best
	The information in t	his form is for I	monitorina pur	poses only. If y	/ou believe you need a	
	reasonable adjustment produced the recruitment	nent', then plea cess if you are	ase discuss th	is with your ma	anager, or the manager running	ng
WHAT	IS YOUR SEXUAL ORIE	NTATION?				
	Heterosexual	Gay	Lesbian	Bisexual	Prefer not to say	
	If you prefer to use y	our own term,	please specif	y below.		
WHAT	IS YOUR RELIGION OR	BELIEF?				
	No religion or belief	Buddh	nist	Christian	Hindu	
	Jewish	Muslim	Sikh	Prefe	r not to say	
	If other religion or be	elief, please sp	pecify here:			
DO YOU	J HAVE CARING RESPO	INSIBILITIES? II	F YES, PLEASE	TICK ALL THAT	APPLY	
	None					
	Primary carer of a ch	nild/children (u	nder 18)			
	Primary carer of disabled child/children					

	Primary carer of disabled adult (18 and over)				
	Primary carer of older person				
	Secondary carer (another person carries out the main caring role)				
	Prefer not to say				
PERSO	NAL DETAILS				
positio		ised as part of an anonymous shortlisting process relating to the se ensure no personal or identifiable information is recorded on your			
	Title:	Full Name:			
	Address:				
	Postcode: :				
	Contact Telephone Number:				
	Email address:				
	Date of Birth:				
RIGHT	TO WORK				
	•	egal Right to Work in the UK and will provide evidence suitable for a yment, or on request for any other purposes. in Full):			