

# Equal Opportunities Monitoring Form

## PRIVATE AND CONFIDENTIAL

The Bumblebee Conservation Trust operates an Equal Opportunities Policy and no person will be discriminated against whilst seeking employment or during such employment with the Trust on the grounds of any protected characteristics such as age, disability, ethnic origin, gender, marital status, political allegiance, race, religious belief, sexual orientation, responsibility for dependants, or unrelated spent criminal convictions.

The following information will be kept strictly confidential and stored separately from the application form before short-listing takes place. It will not form any part of the recruitment process or decision to appoint and will be used to provide data for monitoring purposes only.

You may choose to leave any or all questions unanswered.

POST APPLIED FOR:			
DATE FORM COMPLETED:		AGE:	
GENDER (Please circle/cross out as appropriate):	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER <input type="checkbox"/> OTHER (Please specify) _____	IS THIS THE SAME GENDER YOU WERE ASSIGNED AT BIRTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please tick/click to select)
MARITAL STATUS (Please circle/cross out as appropriate):	<input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL PARTNERSHIP <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> LIVING WITH PARTNER <input type="checkbox"/> OTHER (Please specify) _____		
DO YOU HAVE RESPONSIBILITY FOR DEPENDANTS (e.g. children, elderly, or any other person for whom you are the main carer)?	<input type="checkbox"/> CHILDREN <input type="checkbox"/> ELDERLY <input type="checkbox"/> OTHER <input type="checkbox"/> NOT APPLICABLE		
DISABILITY Do you consider yourself to have a physical and/or mental impairment as defined by the Equality Act 2010/ Disability Discrimination Act 1995 (NI)?	Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick/click to select)  Please give details if you wish:		
ETHNIC ORIGIN How would you describe your identity?	<b>WHITE:</b> <input type="checkbox"/> BRITISH <input type="checkbox"/> ENGLISH <input type="checkbox"/> IRISH <input type="checkbox"/> SCOTTISH <input type="checkbox"/> WELSH OTHER (PLEASE SPECIFY): _____		

	<p><b>MIXED:</b>  <input type="checkbox"/> WHITE AND BLACK CARIBBEAN  <input type="checkbox"/> WHITE AND BLACK AFRICAN  <input type="checkbox"/> WHITE AND ASIAN  OTHER (PLEASE SPECIFY): _____</p> <p><b>ASIAN, ASIAN BRITISH, ASIAN ENGLISH, ASIAN SCOTTISH ASIAN IRISH OR ASIAN WELSH</b> (Delete as applicable):  <input type="checkbox"/> INDIAN  <input type="checkbox"/> PAKISTANI  <input type="checkbox"/> BANGLADESHI  OTHER (PLEASE SPECIFY): _____</p> <p><b>BLACK, BLACK BRITISH, BLACK ENGLISH, BLACK SCOTTISH, BLACK IRISH, BLACK WELSH</b> (Delete as applicable):  <input type="checkbox"/> CARIBBEAN  <input type="checkbox"/> AFRICAN  OTHER (PLEASE SPECIFY): _____</p> <p><b>CHINESE, CHINESE BRITISH, CHINESE ENGLISH, CHINESE SCOTTISH, CHINESE IRISH, CHINESE WELSH</b> (Delete as applicable):  <input type="checkbox"/> CHINESE  OTHER (PLEASE SPECIFY): _____</p> <p><b>OTHER ETHNIC ORIGIN:</b>  (PLEASE SPECIFY): _____</p>
RELIGION/CULTURAL BACKGROUND	<input type="checkbox"/> NONE <input type="checkbox"/> CHRISTIAN <input type="checkbox"/> BUDDHIST <input type="checkbox"/> HINDU <input type="checkbox"/> JEWISH <input type="checkbox"/> MUSLIM <input type="checkbox"/> SIKH OTHER (PLEASE SPECIFY): _____
WHERE DID YOU SEE THIS POST ADVERTISED? <i>Please include URL if possible</i>	

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