*STRICTLY CONFIDENTIAL*

**EQUAL OPPORTUNITIES MONITORING FORM**

Say Opal Healthcare is committed to achieving equal opportunities in employment and has an Equal Opportunities policy. We aim to ensure that no Job Applicant receives less favourable treatment on the grounds of: disability, ethnic group, age, religion or belief, nationality, gender, (including marital status, pregnancy/parenthood and gender reassignment) and sexual orientation. This form is used to help and ensure its recruitment of a diverse workforce and employment practices comply with Equal Opportunities policy. In order to assess the effectiveness of our policy, we require the following information which will only be used for this intention and we would be grateful if you would please complete this form accurately.

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| Name: Status: |
| Position applied for | Gender |  | Date Of Birth |  |
| **DISABILITY**Do you consider that you have a disability? Yes NoIf “Yes” please give brief details:  |
| Please state the type of impairment which applies to you (some people may experience more than one type of impairment; in this case you may indicate more than one. Physical Impairment:- Sensory Impairment:-Learning Disability/Difficulty:- Other:-Mental Health Condition:- |

**ETHNIC ORIGIN [Race Relations (Amendment) Act 2000]**

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| I would describe my ethnic origin as (please indicate by a tick in the appropriate box) |
| **White** |  | **Mixed** |  |
| British |  | White and Asian |  |
| Irish |  | White and Black African |  |
|  |  | White and Black Caribbean |  |
| Any other White background**Religion:** |  | Any other mixed background |  |
| **Black or Black British** |  | **Asian or Asian British** |  | **Other Ethnic Group** |
| Caribbean |  | Indian |  | Chinese |  |
| African  |  | Bangladeshi |  | Any other ethnic group |  |
| Any other Black background |  | Pakistani |  |  |
|  |  | Any other Asian background |  | **Undisclosed**I do not wish to disclose my ethnic origin |
| **Work Permit** (Do you require a work permit or student visa to take up this position)\*If you have a work permit/student visa, please give the expiry date:Month Year | **Yes** | **No** |

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| **Nationality:** |

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| **Not Stated**If other, please specify: |

SIGNATURE..........................................................................................................DATE.............................................

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| FOR OFFICE USE ONLY |
| Administrator’s Name/signature Date |