EQUAL OPPORTUNITIES FORM

If this questionnaire forms part of your application, please complete and return both to HR. The form will be separated from your application on receipt. If you are currently a member of staff at the Sussex Beacon, please take a moment to answer the questions. The information on this form will be used for monitoring purposes only and will play no part in the recruitment process and will not be placed on your personnel file. All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will stay confidential and be stored securely and limited to only some staff in the organisation who are responsible for Human Resources. Thank you for your assistance.

Please give your consent below for your information to be stored and used in this way.

Name:

Signed: Date:

# JOB APPLIED FOR / CURRENT JOB

Please state here:

# GENDER

Transgender Gender non-conforming

Female Prefer not to say

Male Non-binary

If you prefer to use your own term, please specify here:

# ARE YOU MARRIED OR IN A CIVIL PARTNERSHIP?

Yes No

Prefer not to say

# AGE

17-24 45-54

25-34 55-64

35-44 65+

# WHAT IS YOUR ETHNICITY?

*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*

**White**

English Welsh

Scottish Northern Irish

Irish British

Any other white background, please write in:

**Mixed/multiple ethnic groups**

White and Black Caribbean White and Black African

Prefer not to say White and Asian

Any other mixed background, please write in:

**Asian/Asian British**

Chinese Pakistani

Indian Prefer not to say

Bangladeshi

Any other Asian background, please write in:

**Black/ African/ Caribbean/ Black British**

Black African Black Caribbean

Any other Black background, please state:

**Another ethnic group**

Arab Prefer not to say

Any other ethnic group, please write in:

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

Yes  No

Prefer not to say

If you have answered yes, please indicate the type of impairment which applies to

you. If your experience more than one type of impairment, please tick all types that apply. If your disability does not fit any of these types, please mark Other and

specify.

|  |  |
| --- | --- |
| Physical/mobility impairment, such as a difficulty using your arms or mobility  Issues, which require you to use a wheelchair or crutches. |  |
| Visual impairment, such as being blind or having a serious visual impairment. |  |
| Hearing impairment, such as being deaf or having a serious hearing impairment |  |
| Mental health condition, such as depression or schizophrenia |  |
| Learning disability/difficulty, such as Down’s syndrome or dyslexia or a cognitive impairment such as autistic spectrum disorder |  |
| Long-standing illness or health condition, such as cancer, HIV, diabetes,  chronic heart disease or epilepsy |  |
| Other (Please specify below) |  |

**The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.**

# WHAT IS YOUR SEXUAL ORIENTATION?

Heterosexual Bisexual

Gay Lesbian

Prefer not to say

If you prefer to use your own term, please specify here:

# WHAT IS YOUR RELIGION OR BELIEF?

Buddhist Sikh

Muslim Jewish

No religion or belief Hindu

Prefer not to say Christian

If other religion or belief, please write in:

# What is your current working pattern?

Full-time Part-time

Prefer not to say

# What is your flexible working arrangement?

None Staggered hours

Job-share Compressed hours

Flexi-time Homeworking

Flexible shifts Term-time hours

Prefer not to say If other, please write in:

# Do you have caring responsibilities? If yes, please tick all that apply

None

Prefer not to say

Primary carer of older person

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of a child/children (under 18)

Secondary carer (another person carries out the main caring role)