

Equal Opportunities Monitoring Information

The completion of this form is voluntary. It contains sensitive data and the form will only be used to produce an anonymous statistical summary of the candidates who apply and are interviewed. Your form will not be viewed by the shortlisting/interview panel.

POST APPLIED FOR: Communications and Public Affairs Officer

1) Gender:

Male/Female/Transgender/Other _____ (circle as appropriate)

2) Sexual Orientation:

Heterosexual/lesbian/gay/bisexual/trans/other/prefer not to say (delete as not applicable)

3) Age: Please tick as applicable

In years:	18-30	31-40	41-50	51+
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4) Disability:

Do you consider yourself to be a Disabled person?

Yes/no/prefer not to say (delete as not applicable)

If yes, please indicate by marking "X" in the appropriate box below. Mark all that apply.

A	Hearing impairment	
B	Visual impairment	
C	Speech impairment	
D	Physical impairment	
E	Facial disfigurement	
F	Learning difficulties (e.g. dyslexic)	
G	Mental ill health	
H	Progressive condition	
I	Neurodiversity	
J	Other (please specify below)	

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5) Ethnicity: Please state what ethnic group you would describe yourself as belonging to:

6) Religious belief/Faith

Do you consider yourself to have a religion? (delete as not applicable). If yes, please say below what you consider yourself to be:

7) Where did you see the advertisement for this post?