

EQUAL OPPORTUNITIES MONITORING
CONFIDENTIAL

Prime Care is committed to the principle of equal opportunities in the workplace. In order to ensure continued development of this policy, Prime Care asks all applicants to complete the details below. This information, which will be used solely for monitoring purposes, will be treated as confidential and will be separated from your application on receipt and before any consideration of candidates takes place. **Completion of this form is entirely voluntary and is not required for consideration of engagement.** *You are not required to put your name on this form.*

Application for the post of:

.....

Where did you see/hear the post advertised?

.....

I would describe my ethnic origin as:

White	<input type="checkbox"/> British	<input type="checkbox"/> Irish
	<input type="checkbox"/> Any other White background - please specify	
Black or Black British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African
	<input type="checkbox"/> Any other black background - please specify	
Asian or Asian British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
	<input type="checkbox"/> Bangladeshi	
	<input type="checkbox"/> Any other Asian background - please specify	
Mixed	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> White & Black African
	<input type="checkbox"/> Any other mixed background - please specify	
Other Ethnic Group	<input type="checkbox"/> Chinese	<input type="checkbox"/> Latin American
	<input type="checkbox"/> Any other - please specify	

<p>My sex is: If you are undergoing the process for gender reassignment, please tick your future gender</p>	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
	<input type="checkbox"/> Heterosexual		<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian
<p>My sexual orientation is:</p>	<input type="checkbox"/> Gay		<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

<p>Do you consider yourself disabled?</p>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	<input type="checkbox"/> Used to have a disability but now recovered		<input type="checkbox"/> Don't know	
	<input type="checkbox"/> Prefer not to say			
<p>Are you registered disabled?</p>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<p>If you answered 'Yes' to any of the above questions regarding your disability, please give brief details here</p>				

<p>How do you describe your religion?</p>	<input type="checkbox"/> My religion is		
	<input type="checkbox"/> Prefer not to say		<input type="checkbox"/> I am not religious

Date of birth: **Date:**

Please return to:

<p>ADDRESS: (for office use only)</p>
