**Equal Opportunities Monitoring Form**RCNi jobs

Collecting, analysing and using equalities information helps us to see how our policies and activities are affecting various sections of our communities. In employment and service provision, it helps us to identify any existing inequalities and where new inequalities may be developing and take action to tackle them.

We monitor the nine “protected characteristics” (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Sex [formerly Gender], Race, Religion or Belief and Sexual Orientation) identified in the Equality Act 2010.

We will be grateful if you could take a little time to complete and return this form. Please go through it and tick all the categories that most accurately describe you.

**The information you provide on this form will be held in the strictest confidence and only be used for the purpose stated above.**

Name:

Post applied for:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** Please tick one box | | | | | | | | | | | | |  |
| 0-4 | | | 5-7 | | | | | 8-9 | | | | 10-11 |  |
| 12-15 | | | 16-17 | | | | | 18-20 | | | | 21-24 |  |
| 25-29 | | | 30-44 | | | | | 45-59 | | | | 60-64 |  |
| 65-74 | | | 75-84 | | | | | 85-89 | | | | 90 and over |  |
| Disability Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. RCNi accepts the social model of disability. However, in order to be able to identify and respond to your specific needs, it is important that we know what kind of disability you have.  **Do you have any of the following conditions which have lasted or expected to last for at least 12 months?** | | | | | | | | | | | | |  |
| Deafness of partial loss of hearing | | | | | Blindness or partial loss of sight | | | | | Learning disability | | |  |
| Developmental disorder | | | | | Mental ill health | | | | | Long term illness or condition | | |  |
| Physical disability | | | | | Other disabilities | | | | | No disabilities | | |  |
| 1. **Ethnicity** *Please tick the box that best describes your ethnic group* | | | | | | | | | | | | |  |
| **White** | | | | | | | | **Black or Black British** | | | | |  |
| British | | | | | | | | African | | | | |  |
| Irish | | | | | | | | Caribbean | | | | |  |
| **White Other** | | | | | | | | Other (please specify): | | | | |  |
| Greek/ Greek Cypriot | | | | | | | |  |
| Turkish | | | | | | | | **Asian or Asian British** | | | | |  |
| Turkish/Cypriot | | | | | | | | Indian | | | | |  |
| Kurdish | | | | | | | | Pakistani | | | | |  |
| Gypsy/Roma | | | | | | | | Bangladeshi | | | | |  |
| Irish Traveller | | | | | | | | East African Asian | | | | |  |
| Other (please specify below): | | | | | | | | Other (please specify below): | | | | |  |
| **Mixed** | | | | | | | | **Chinese or Other Ethnic Group** | | | | |  |
| White and Black African | | | | | | | | Chinese | | | | |  |
| White and Black Caribbean | | | | | | | | Any other ethnic background  (please specify): | | | | |  |
| White and Asian | | | | | | | |  |
| Other (please specify): | | | | | | | |  | | | | |  |
| **Sex** Please tick the box that best describes you | | | | | | | | | | | | |  |
| Male | | | | | | | | Female | | | | |  |
| Gender reassignment | | | | | | | | | | | | |  |
| Does your gender differ from your birth sex? | | | | | | | | | | | | |  |
| Yes | No | | | | | Prefer not to say | | | | | | |  |
| **Religion** Please tick as appropriate | | | | | | | | | | | | |  |
| Christian | | | | Hindu | | | | | Other (please specify): | | | |  |
| Muslim | | | | Sikh | | | | | Prefer not to say | | | |  |
| Jewish | | | | Rastafarian | | | | |  | | | |  |
| Buddhist | | | | No Religion | | | | |  | | | |  |
| 1. **Sexual orientation** *Please tick the box that best describes your sexual orientation* | | | | | | | | | | | | |  |
| Heterosexual | | Bisexual | | | | | Gay | | | | Lesbian | |  |
| Prefer not to say | |  | | | | |  | | | |  | |  |
| 1. **Pregnancy and maternity** *Please tick one box* | | | | | | | | | | | | |  |
| Are you pregnant? | | | | | | | Have you had a baby in the last 12 months? | | | | | |  |
| Yes | | No | | | | | Yes | | | | No | |  |
| 1. **Marriage and Civil Partnership** *Please tick one box* | | | | | | | | | | | | |  |
| Single | | Married | | | | | Co-habiting | | | | In a same sex civil partnership | |  |
| Separated | | Divorced | | | | | Widowed | | | |  |

**Thank you for completing and returning this form**