Equal Opportunities Monitoring

Application for the post of ……

Gender Male ☐ Female ☐

Marital Status Single ☐ Married ☐

Date of Birth ☐☐☐☐☐☐☐☐

D D M M Y Y Y Y

Race/Ethnic Origin

White	☐	☐	Black – African
Indian	☐	☐	Black – Caribbean
Chinese	☐	☐	Black – Other
Pakistani	☐	☐	Bangladeshi
Other	☐	☐	Prefer not to disclose

Disability

Do you consider yourself to have a disability?

Yes ☐ No ☐

If yes, please describe the nature of your disability……...

……..

I declare to the best of my knowledge the information given on this form is correct and I consent to it being held on file under the terms of the Data Protection Act 1988

Signature……..

Thank you for completing this form.