# Equal Opportunities Monitoring Form

We are committed to the promotion of equality and the elimination of unlawful discrimination and harassment. For the policy of equal opportunities to be effective, the organisation seeks to keep up-to-date information.

To assist us in the monitoring of the impact of our policies and procedures we are therefore asking you to complete the following monitoring form. Your answers will be treated in total confidence. Thank you in advance.

Please tick one box in each section that best describes you

1. **Age**

18-24 25-34 35-44 45-54 55-64 65 and over

prefer not to say

1. **Gender Identity**

Female Male Non-binary

Other (please state) …………………… Prefer not to say

1. **Sexual Orientation**

Bisexual Gay or Lesbian Heterosexual

Other (please state) …………………… Prefer not to say

1. **Disability**

A disability is an impairment that has (or is likely to have) a substantial, adverse, long-term (more than a year) effect on the ability to carry out normal day-to-day activities.

In order to ensure that people to whom this definition applies are treated fairly, it would be helpful if you could answer the following questions.

**Do you consider yourself to be a disabled person?**

Yes No

If you have answered 'yes', please tick the boxes(es) below that best describe your impairment(s). We list a few examples but recognise many other conditions could also be listed.

Communication (e.g. impaired speech)

Developmental (e.g. dyslexia)

Hearing (e.g. mild to profound deafness)

Impaired memory/concentration or ability to understand (e.g. head injury, stroke, dementia) Learning (e.g. mild to profound learning disability)

Long-term illness or health (e.g. cancer, HIV, diabetes, chronic heart disease, arthritis, chronic asthma)

Mental ill health (e.g. depression, anxiety, bipolar disorders, schizophrenia)

Mobility or physical (e.g. walking, dexterity)

Visual (e.g. partial sighted to blind)

Autistic Spectrum Disorders or Attention Deficit Disorders

Other (please state)…………………………………………………………………………….

Prefer not to say

1. **How would you describe your ethnicity?**

White (British)

White (Irish)

White (Other) please state

Asian/Asian British (Indian)

Asian/Asian British (Pakistani)

Asian/Asian British (Bangladeshi)

Asian/Asian British (Other) please state

Black/Black British (African)

Black/Black British (Caribbean)

Black/Black British (Other)

Chinese

Mixed: White/Black African

Mixed: White/Black Caribbean

Mixed: White/Asian

Mixed (Other) please state

Prefer not to say

1. **Advert**

Where did you see the job advertised (please state)……………………………………..

**Thank you for completing the monitoring form**

Please email with your application form to [mary.phillips@disabilitysheffield.org.uk](mailto:mary.phillips@disabilitysheffield.org.uk). It will be stored completely separately and anonymously.