



EQUAL OPPORTUNITIES MONITORING FORM
(In strictest confidence)

Application ref no: _____

1. Perceived Religious Affiliation:

I am a member of the:

Protestant Community Catholic Community

Neither the Protestant or the Catholic Community

2. Gender:

I am FEMALE MALE

3. Marital Status/Civil Partnership Status:

Are you married or in a civil partnership?

YES NO

4. Disability:

In line with the Disability Discrimination Act 1995, a disability is defined as “a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities”

Having read this definition do you consider yourself to have a disability?

YES NO

5. Age Band:

16-20 21-30 31-40 41-50 51-60 61-65+

6. Cultural/Ethnic Origin:

Chinese Traveller

Indian Black/African – Caribbean

Pakistani White

Other Asian Other (please specify) _____

7. Sexual Orientation:

Please indicate your sexual orientation by ticking the appropriate box below:

My Sexual Orientation is towards:

Persons of a different sex to me: (i.e. I am a heterosexual man or woman)

Persons of the same sex as me: (i.e. I am gay man or a lesbian)

Persons of both sexes: (i.e. I am bisexual man or woman)

Prefer not to say