

EQUAL OPPORTUNITIES MONITORING FORM

At South Yorkshire's Community Foundation, we aim to eliminate direct or indirect discrimination, as covered by the Equality Act 2010, on grounds of: age, disability, gender reassignment, marriage, civil partnership, pregnancy, maternity, race, religion, belief, sex or sexual orientation. This Equal Opportunities Monitoring Form, which reflects our Equal Opportunities and Diversity Policy, is used to monitor progress with our equal opportunities and diversity objectives.

Please could you take a few moments to complete this form; the information is used solely for monitoring purposes and is separated from the rest of the application form before the interview.

Applicant Reference No: (Office use only)	
Where did you see the position advertised?	

PLEASE PLACE A "X" IN THE APPROPRIATE SECTION

GENDER

Would you describe yourself as:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to say
Does your gender differ from that you were originally assigned at birth?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Prefer not to say

AGE

What is your age group?	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 or over <input type="checkbox"/> Prefer not to say
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DISABILITY

*According to the Equality Act 2010, a person has a disability if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

If invited to interview do you have any special requirements, e.g. Wheelchair access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify.		

Do you consider that you have a disability or a long-term health condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
What is the effect or impact of your disability or health condition on your ability to give your best at work?			

SEXUAL ORIENTATION

What is your sexual orientation? (Please tick the box that best describes you)	
<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay Man <input type="checkbox"/> Gay Woman/Lesbian	<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Other (please state) <input type="checkbox"/> Prefer not to say

RELATIONSHIP STATUS

How would you describe your relationship status?	<input type="checkbox"/> Co-habiting	<input type="checkbox"/> Civil Partnership	<input type="checkbox"/> Married
	<input type="checkbox"/> Single	<input type="checkbox"/> Prefer not to say	

ETHNICITY

(The following sets of categories are for monitoring main characteristics from an equality and diversity perspective that will help us ensure that our policies and practices do not inadvertently discriminate against you. We will ensure that any information you provide here will only be used to monitor the effectiveness of our policies and will ensure the information remains confidential to the HR Team.)

How would you describe yourself? Choose ONE section from A to E, and then tick the appropriate box	
A - Asian or Asian British	B – Black/African/Caribbean/Black British
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other Asian background (please state)	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other Black/African/Caribbean background (please state)
C - White	D – Mixed/multiple ethnic groups
<input type="checkbox"/> British <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other white background (please state)	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other mixed background (please state)

E – Other ethnic group		
<input type="checkbox"/> Arab	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Any other ethnic group (please state)

RELIGION OR BELIEF

Please tick the box that best describes you:	
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh <input type="checkbox"/> Other Religion or Belief (please state) <input type="checkbox"/> No Religion or Belief <input type="checkbox"/> Prefer not to say

Privacy Notice

SYCF is required to collect, store and process the information contained about you in this form in order to assess your application and adhere to our Equal Opportunities and Diversity Policy. Our Privacy Policy lists your information privacy rights (available on our website), which include the right to access the information we keep about you. Information will not be shared with any third parties without your consent. For candidates who do not gain employment with us, your information will be kept for the duration of your relationship with us and will then be deleted after one year. For candidates who do gain employment with us, your information will be kept for the duration of your contract and will then be deleted after six years.