

**The Advonet Group:
Equal Opportunities Monitoring Form**

We seek to employ a workforce which reflects the communities we serve and are committed to providing equality of access to employment for people from all parts of those communities.

We need your help and co-operation to enable it to do this, however filling in this form is voluntary.

As this form is anonymous, it cannot be linked to your individual application, so your confidentiality is maintained.

|  |  |
| --- | --- |
| **Your Name** |  |
| **Your email address:** |  |
| **Job vacancy you have applied for:** |  |

To fill in this form, please tick the boxes and, where requested, fill in the text boxes.

**1. Which age category do you belong to?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Under 16 |[ ]  16-17 |[ ]  18-24 |[ ]  25-29 |[ ]  30-34 |[ ]
| 35-39 |[ ]  40-44 |[ ]  45-49 |[ ]  50-54 |[ ]  55-59 |[ ]
| 60-64 |[ ]  65-69 |[ ]  70 and over |[ ]  Prefer not to say |[ ]

**2. How would you describe your gender?**

|  |
| --- |
| Woman |[ ]
| Man |[ ]
| Intersex |[ ]
| Non-Binary |[ ]
| Prefer not to say |[ ]
| If you prefer to use your own term, please specify here: |
|  |

**3. Is your gender identity the same as the gender you were assigned at birth?**

|  |
| --- |
| Yes |[ ]
| No |[ ]
| Prefer not to say |[ ]

**4. What is your sexual orientation?**

|  |
| --- |
| Asexual |[ ]
| Bisexual |[ ]
| Heterosexual/Straight |[ ]
| Homosexual/Gay |[ ]
| Pansexual |[ ]
| Prefer not to say |[ ]
| If Other, of if you prefer to use your own term, please provide this here: |[ ]
|  |

**5. What is your legal marital or civil partnership status?**

|  |
| --- |
| Cohabiting with a partner |[ ]
| Divorced |[ ]
| Formerly in a registered civil partnership which is now dissolved |[ ]
| In a registered civil partnership |[ ]
| Married |[ ]
| Never married and never registered a civil partnership |[ ]
| Separated, but still in a registered civil partnership |[ ]
| Separated, but still legally married |[ ]
| Single |[ ]
| Surviving partner from a registered civil partnership |[ ]
| Widowed |[ ]
| Prefer not to say |[ ]

**6. What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you believe you belong. Please tick the appropriate box:

|  |  |
| --- | --- |
| Asian or Asian British: Bangladeshi |[ ]  Mixed White: Black Caribbean |[ ]
| Asian or Asian British: Chinese |[ ]  Mixed White: Asian |[ ]
| Asian or Asian British: Indian |[ ]  Roma |[ ]
| Asian or Asian British: Kashmiri |[ ]  White: British |[ ]
| Asian or Asian British: Pakistani |[ ]  White: English |[ ]
| Arab |[ ]  White: Irish |[ ]
| Black or Black British: Black African |[ ]  White: Northern Irish |[ ]
| Black or Black British: Black Caribbean |[ ]  White: Scottish |[ ]
| Eastern European |[ ]  White: Welsh |[ ]
| Gypsy or Traveller |[ ]  White: Other |[ ]
| Mixed White: Black African |[ ]  Prefer not to say |[ ]
| Other (please specify in the box below): |[ ]
|  |

**7. What is your religion or belief?**

|  |  |
| --- | --- |
| Buddhist |[ ]  No belief |[ ]
| Christian |[ ]  No religion |[ ]
| Hindu |[ ]  Sikh |[ ]
| Jewish |[ ]  Prefer not to say |[ ]
| Muslim |[ ]   |  |
| If other or if you prefer to use your own term. please provide this here: |[ ]
|  |

**8. Do you consider yourself to have a disability?**

|  |
| --- |
| Yes |[ ]
| No |[ ]
| Prefer not to say |[ ]

**9. If yes, what is the nature of your disability?**

Please note, if you would like to request reasonable adjustments to enable you to be successful during our recruitment process, please email **HR@advonet.org.uk** and we will be happy to support.

|  |
| --- |
| Vision (e.g. due to blindness or partial sight) |[ ]
| Hearing (e.g. due to deafness or partial hearing) |[ ]
| Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects |[ ]
| Learning, concentrating or remembering |[ ]
| Mental health |[ ]
| Stamina or difficulty breathing |[ ]
| Social or behavioural (e.g. due to autism, attention deficit disorder or Asperger’s syndrome) |[ ]
| Prefer not to say |[ ]
| Other (please specify): |[ ]
|  |

**10. Do you have caring responsibilities? If yes, please tick all that apply:**

|  |
| --- |
| None |[ ]
| Primary carer of a child/children (under 18) |[ ]
| Primary carer of disabled child/children |[ ]
| Primary carer of disabled adult (18 and over) |[ ]
| Primary carer of older person |[ ]
| Secondary carer (another person carries out the main caring role) |[ ]
| Prefer not to say |[ ]

**11. Do you live in the Leeds Metropolitan Area? (i.e. is Leeds City Council your local authority?)**

|  |
| --- |
| Yes |[ ]
| No |[ ]
| Don’t know |[ ]