

## Equal Opportunity Monitoring Form

*Mass Care Momentous Ltd has Equal Opportunities Policy. We use this "Equal Opportunity Monitoring Form" to ensure that the policy is effective. All the information given in this form will be confidential and will only be used for the purpose of monitoring and planning of our policies and procedures.*

**Please tick the boxes that apply to you**

**Gender** Male  Female  Prefer not to say

**Are you married or in a civil partnership?** Yes  No  Prefer not to say

**Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Please tick the appropriate box

**White**

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in: .....

**Mixed/multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say

Any other mixed background, please write in: .....

**Asian/Asian British**

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in: .....

**Black/ African/ Caribbean/ Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in: .....

**Other ethnic group**

Arab  Prefer not to say

Any other ethnic group, please write in: .....

**Do you consider yourself to have a disability or health condition?** Yes  No  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? Please write in here: .....

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay woman/lesbian  Gay man  Bisexual

Prefer not to say

If other, please write in: .....

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please write in: .....

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours

Annualised hours  Job-share  Flexible shifts  compressed hours

Home working  Prefer not to say

If other, please write in: .....

**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

Signed.....

Date.....

Name.....