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| Admin Only – Job Applicant AND Financial Year: |

**Equal Opportunities Monitoring Form**

In order to establish whether or not we are encouraging a broad range of people to use our services, volunteer or apply for work with us, we would appreciate your help by completing this form.

This form is anonymous and will not be used to identify you in any way. If, however, you do not wish to answer a particular question please leave it blank.

The form should be returned to:

Admin, FDAMH, Victoria Centre, 173 Victoria Road, Falkirk, FK2 7AU.

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| **1. Age** |
|  | 15-25 |  | 26-35 |  | 36-45 |  | 46-55 |
|  | 56-65 |  | 66 Plus |  |  |  |  |
|  |
| **2. I identify my Gender as….** |
|  | Female |  | Male |  | Prefer to self-describe… |  | Prefer not to say |
|  |  |  |  |
|  |
| **3. Ethnic Group** |
| Please tick the appropriate box to indicate your cultural background. |
|  | White Scottish |  | Indian |  | Chinese |  | Mixed |
|  | Other White British |  | Pakistani |  | Caribbean |  | Other |
|  | White Irish |  | Bangladeshi |  | African |  |  |
|  | Other White |  | Other South Asian |  | Other Black Background |  |
|  |
| **4. Disability** |
| Do you have a disability, long term illness or health problem which limits your daily activities or the work you can do? |
|  | Yes |  | No |  |  |  |  |
|  |
| **5. Economic status** |
|  | Employed |  | Unemployed |  | Student |  | Retired |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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| **6. Marital status** |
|  | Single |  | Married/Living with partner |  | Widowed |
|  | Separated |  | Divorced |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **8. Sexuality** |
| What is your sexual orientation? |
|  | Bisexual |  | Gay Man |  | Gay Woman/Lesbian |  | Heterosexual/Straight |
|  | Other |  |  |  |  |  |  |
|  |
| **9. Religion** |
| Do you regard yourself as belonging to any particular religion? |
|  | Yes |  | No |  |  |  |  |
| If yes, which? |
|  | Buddhist |  | Christian |  | Hindu |  | Jewish |
|  | Muslim |  | Sikh |  | Other |  |  |
|  |  |  |  |  |  |  |  |
| **10. Postcode (not address)** |
|  |  |  |  | - |  |  |  |  |  |  |  |  |  |  |

**Thank you for completing this form.**