

## Equal Opportunities Monitoring Form

This section of the form will be detached from your application and will be used solely for monitoring purposes. This form will be kept separately from your application.

CCSS recognises and is committed to ensuring applicants and employees from all sections of the community are treated equally regardless of race, gender, disability, age, sexual orientation, religion or belief.

We welcome applications from all sections of the community.

You are not obliged to complete this form but it is helpful to the college in maintaining equal opportunities.

All information provided will be treated in confidence.

Please complete the form as you feel is most appropriate for you.

<b>Position applied for:</b>			
<b>How did you find out about this vacancy?</b>			
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Date of birth:</b>	Day	Month	Year
<b>Nationality:</b>			
<b>Marital status:</b>	<input type="checkbox"/> Married / civil partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Legally separated	
<b>Ethnic origin:</b> (Census 2001 Ethnicity Categories)	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> White – British <input type="checkbox"/> White – Irish <input type="checkbox"/> Other White background <input type="checkbox"/> Black or Black British – Caribbean <input type="checkbox"/> Black or Black British – African <input type="checkbox"/> Other Black background <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background <input type="checkbox"/> Mixed – White and Black Caribbean <input type="checkbox"/> Mixed – White and Black African <input type="checkbox"/> Mixed – White and Asian <input type="checkbox"/> Other Mixed background <input type="checkbox"/> Other ethnic background		

<b>Disability:</b>	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> No known disability <input type="checkbox"/> Dyslexia <input type="checkbox"/> An unseen disability, e.g., diabetes, epilepsy, asthma <input type="checkbox"/> Deaf / have a hearing impairment <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Mental health difficulties <input type="checkbox"/> Wheelchair user / have mobility difficulties <input type="checkbox"/> Blind / are partially sighted <input type="checkbox"/> Require personal care support <input type="checkbox"/> Autistic spectrum disorder <input type="checkbox"/> Other disability
<b>Sexual orientation:</b>	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Heterosexual <input type="checkbox"/> Gay / lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other
<b>Religion or belief:</b>	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Some other religion or belief <input type="checkbox"/> No religious belief

**Thank you for taking the time to complete this form.**

**Once completed, please seal in the supplied envelope and return to the HR Officer along with your application.**