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**Equal Opportunities Monitoring Form**

*Room to Heal* is dedicated to encouraging equality and diversity within its workforce and ensuring everyone is treated equally under the Equality Act 2010.

Therefore by voluntarily completing this form you will be assisting the Organisation to monitor equality and diversity. We also use the information you supply on disability in determining whether any reasonable adjustments are necessary to facilitate your interview.

I confirm I provide *Room to Heal* my permission to store the information supplied on this form in line with the Data Protection Act 1998 and the General Data Protection Regulation 2018

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please state where you found this job advert…………………………………………………………………**

**Please state which role you have applied for:** ­­­­­­­­­………………………………………………….……………

**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 sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆 Prefer not to say 🗆

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

**What is your religion or belief?**

N**o** religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆 Muslim 🗆

Sikh 🗆 Prefer not to say 🗆

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

 **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 🗆 Prefer not to say 🗆

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

***Black/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean 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: …………………………………………………….………………

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆

Any other ethnic group, 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 older person 🗆

Primary carer of disabled adult (18 and over) 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

**You are disabled under the Equality Act 2010, if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.**

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

Yes🗆 No 🗆 Prefer not to say 🗆

If yes, what is the impact of your disability or health condition on your ability to give your best at work?

Please write in: ……………………………………………………………………………………………………

**Please provide us with any special requirements we may need to be aware of in order to facilitate your attendance at an interview should you be a successful candidate:**

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**Please email this form along with your application form.**