



RECRUITMENT AND SELECTION: APPLICATION STAGE EQUAL OPPORTUNITIES MONITORING FORM

Millivres Prowler Group is committed to ensuring that applicants from all sections of the community are treated equally and not discriminated against on the grounds of gender, colour, race, nationality, marital status, religion or belief, sexual orientation, disability or age. This form assists us in monitoring our adherence to equal opportunities best practice and our progress towards identifying any barriers to diversity among our workforce or in the recruitment process. We also ask some questions regarding disability. We would be grateful if you would fill in this form and return it.

You are not obliged to answer all the questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. Thank you for your assistance. This form will be removed from your application and stored separately.

Position applied for: _____

Date: _____

Place advertised: _____

1. What is your gender (please tick)? Male Female

If you are currently undergoing the process of gender reassignment, please tick your future gender.

2. How would you describe your nationality and/or ethnicity (please tick)?

- | | | |
|---|---|---|
| A) White: | B) Black or Black British: | C) Chinese or other ethnic group: |
| British — English, Scottish or Welsh <input type="checkbox"/> | Caribbean <input type="checkbox"/> | Chinese <input type="checkbox"/> |
| Irish <input type="checkbox"/> | African <input type="checkbox"/> | Any other ethnic group <input type="checkbox"/> |
| Any other white background <input type="checkbox"/> | Any other Black background <input type="checkbox"/> | |
| D) Mixed race: | E) Asian or Asian British: | |
| White and Black Caribbean <input type="checkbox"/> | Indian <input type="checkbox"/> | |
| White and Black African <input type="checkbox"/> | Pakistani <input type="checkbox"/> | |
| White and Asian <input type="checkbox"/> | Bangladeshi <input type="checkbox"/> | |
| Any other mixed background <input type="checkbox"/> | Any other mixed background <input type="checkbox"/> | |

3. Is your age between (please tick)?

- 16–24 25–29 30–39 40–49 50–59 60 or over

4. What is your sexual orientation (please tick)?

- Bisexual Gay Man Gay Woman/Lesbian Heterosexual/Straight Other Prefer not to say

5. How would you describe your religion?

My religion is:..... Prefer not to say I am not religious

6. The Disability Discrimination Act 1995 (DDA) defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, over 12 months. Do you consider yourself to have a disability under the DDA (please tick)?

- Yes No Used to have a disability but have now recovered Don't know Prefer not to say

This form is exempt from the Data Protection Act, since this is an anonymous questionnaire that does not identify an individual.

Please return this form to Robert Hanwell.

