**Equal Opportunities Monitoring Form**

The following information is required for monitoring purposes only and will not form part of the sifting or shortlisting process.

**1. Which group do you most identify with (Please tick only one option)**

* British or Mixed British

**2. Which is your ethnic background? (Please tick only one option)**

 **White**

* British

**3. Do you consider yourself to be a disabled person?**

**NO**

*The Disability Discrimination Act defines a disability as ‘A physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities.*

*Note: This refers to impairment prior to medication so if you have an impairment which is controlled by medication you should answer yes to this question. If you have answered yes please indicate the type of impairment which applies to you. People may experience more than one type of impairment, in which case please tick all of the types that apply. If you disability does not fit any of these types, please mark Other.*

* Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches

* Sensory impairment, which as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment.
* Mental health condition, such as depression or schizophrenia.
* Learning disability, (such as Down’s syndrome or dyslexia) or cognitive impairment (such as autism or head injury)
* Long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy.
* Other, such as a disfigurement (specify if you wish)

**4. Age (please tick only one option)**

* 30-39

**5. Gender (please tick only on option)**

* Female
* Is your gender identity the same as the gender you were assigned at birth? YES

**6. Religious/Belief (Please tick only one option)**

* Christian

**7. Sexual Orientation (Please tick only on option)**

* Heterosexual/straight