**Equal Opportunities Recruitment Monitoring Form – Strictly Confidential**

Services for Independent Living is committed to eliminating discrimination and encouraging diversity amongst our workforce. We aim to ensure that no job application or employee receives less favourable treatment either directly or indirectly on the grounds of age, race, disability, religion or faith, gender, marital status or sexual orientation.

To monitor and audit the effective delivery of this commitment SIL requires all applicants to provide information asked for in this monitoring form. The data will only be used for general statistical and monitoring purpose and will not be taken into account in assessing information on your application form. The data provided will be treated with the upmost confidentiality and in line with the requirements of the Data Protection legislation.

**Position applied for**: ...............................................................................................................................

Please tick the boxes which most closely describe you

1. **Gender:**

Female Male Intersex Non-binary

If you prefer to use your own term, please specify here ………………………………………………..

1. **Preferred pronoun:**

She/her He/him They/them Other

1. **Age range:**

16-19 20-29 30-39 40-49 50-59 60-65 65+

Prefer not to say

1. **Marital Status**

Single Divorced Married/Civil Partner Partner Widowed

Prefer not to say

1. **What of the following describes your sexual orientation**

Bisexual Gay Man Gay Woman/Lesbian Heterosexual Other

Prefer not to say

1. **Is there anyone who relies on you for day to day care e.g. child under 18, family member or partner**

Yes No Prefer not to say

1. **Nationality**

Please state your nationality........................................................................................................

1. **How would you describe your ethnic origin**

White – British White – Irish White – Gypsy / Irish Traveller

White – European White – Other (Please Specify)...........................................................

Black – British Black – Caribbean Black – African

Black – Other (Please Specify)..................................................................................

Asian – British Asian – Indian Asian – Pakistani

Asian – Bangladeshi Asian – Other (Please Specify).........................................

Chinese

Mixed – White and Black Caribbean Mixed – White and Black African

Mixed – White and Asian Mixed – Other (Please Specify)......................................

Other Ethnic Group (Please Specify)..........................................................................

Prefer not to say

1. **How would you describe your religion or faith**

Buddhist Hindu Jewish Muslim Sikh

Pagan Christian (Including Church of England, Catholic, Protestant and all other Christian domination)

No religion or Belief Other Religion (please specify)................................

Prefer not to say

1. **Disability**

SIL believes that people are disabled by the barriers that society places in their way and not by their own impairments. We are an organisation that is working towards a world where disabled people have the same opportunities to fulfil their life ambition as non-disabled people. We are therefore particularly keen to employ disabled people.

The Equality Act 2010 defined a person as having a disability if ‘s/he has a physical or mental impairment and that impairment has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities’. It also covers people who have been diagnosed with HIV, cancer or multiple sclerosis.

Does this definition apply to you?

Yes No Prefer not to say

If yes please indicate

Long standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

Mental health condition (such as depression or schizophrenia)

Physical impairment of mobility issue (such as difficulty using arms or using a wheelchair or crutches)

Deaf or serious hearing impairment

Blind or serious visual impairment

Specific learning disability (Such as Dyslexia or Dyspraxia)

General learning disability (such as Down’s syndrome)

Cognitive impairment (such as autistic spectrum disorder or resulting from head injury)

Other type of disability or long term condition (Please specify)......................................................

Prefer not to say

Thank you for completing this form. Please return it with your application