



### EQUAL OPPORTUNITIES MONITORING FORM

Christian Family Care is committed to a policy of equal opportunities to ensure that no unlawful discrimination occurs in the recruitment and selection process on the grounds of race, religion or belief, colour, sex, age, national origin, disability or sexual orientation.

In order to monitor the effectiveness of our policies and procedures and how well we meet our legal requirements all applicants are requested to complete this form and return it with their application. The information you provide will be treated as strictly confidential and will be used for monitoring purposes only.

**Please complete in BLOCK CAPITALS and tick the boxes that apply to you.**

Application for the post of (include any job reference)	
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Title	
Surname	
First names	
Age	<input type="checkbox"/> Under 25 <input type="checkbox"/> 25 - 50 <input type="checkbox"/> Over 50
Date of birth (dd/mm/yy)	
Nationality	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married/co-habiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Carers Do you have a caring role for any of the following?	<input type="checkbox"/> Child(ren) under 18 <input type="checkbox"/> Elderly relative(s) <input type="checkbox"/> Child(ren) or relative(s) with disability

<b>Disability</b> Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Ethnic Origin</b> What is your ethnic origin?	
White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background Please describe
Mixed	<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background Please describe
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background Please describe
Black or black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background Please describe
Chinese or other ethnic group	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group Please describe
Arab or Middle Eastern descent	<input type="checkbox"/> Arab <input type="checkbox"/> North African <input type="checkbox"/> Iraqi <input type="checkbox"/> Kurdish <input type="checkbox"/> Any other Middle Eastern background Please describe

**Thank you for your help in completing this form.**

**OFFICE USE ONLY:** Shortlisted  Interviewed  Appointed