**PRIVATE & CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING FORM**

Bank House Chambers is committed to promoting Equal Opportunities. By completing all sections of this form you will help us to monitor the effectiveness of our recruitment process.

|  |  |
| --- | --- |
| First Name(s): | Surname: |
| Previous Surname (if applicable): | |
| Post Applied for: | Date of Birth: |

1. Please tick here if you do not wish to complete this section.
2. Are you: Male  Female  (Please tick)
3. From which of the following ethnic/racial groups do you feel that you or your family originate?

**White**:

11 White British

12 White Irish

19 Other White Background  (Please specify)

**Black or Black British:**

Black or Black British – Caribbean

22 Black or Black British – African

29 Other Black background  (Please specify)

**Asian or Asian British:**

31 Asian or Asian British - Indian

32 Asian or Asian British - Pakistani

33 Asian or Asian British - Bangladeshi

34 Chinese

39 Other Asian background  (Please specify)

**Mixed:**

41 Mixed - White and Black Caribbean

42 Mixed - White and Black African

43 Mixed - White and Asian

49 Other Mixed background  (Please specify)

**Other:**

80 Other Ethnic background

90 Not known

98 Information refused

1. What is your Nationality?

………………………………………………………………………………...

1. Do you require a Work Permit? Yes  No
2. Do you consider yourself to have a medical or physical disability?
3. Yes  No

(If yes, please complete page overleaf)

**THE DISABILITY DISCRIMINATION ACT 1995**

The Disability Discrimination Act 1995 defines disability to include those who currently have a disability and those who have had a disability in the past. This can include 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. Long term is taken to mean lasting for a period greater than 12 months.

You may if you wish, supply further details relating to your disability, which may help Bank House Chambers to provide adequate support for your needs.

Please complete the questions below.

Under the definition within the Disability Discrimination Act 1995, which type of disability do or did you have? (Please tick as appropriate).

Blind/Partially Sighted  Deaf/Hearing Impairment  Wheelchair Use

Other Mobility Problems  Mental Health Difficulties  Dyslexia

Unseen Disability (i.e. diabetes, epilepsy)

Two or More Disabilities – Please specify: ……………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

Do you need any equipment or support because of your disability in order to carry out the duties described in the job description for this post? (Please tick as appropriate).

Yes  No

If yes, please specify: ………………………………………………………………………………

…………………………………………………………………………………………………………

Do you need any special consideration for access? (Please tick as appropriate).

Yes  No

If yes, please specify: ………………………………………………………………………………

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Please return this completed questionnaire with your application form. Thank you for your co-operation.