**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. **Sex:**

Male [ ]

Female [ ]

Other [ ]

Prefer not to say [ ]

Unknown [ ]

1. **Gender Reassignment: Is your gender the same as at birth?**

Yes [ ]

No [ ]

Other [ ]

Prefer not to say [ ]

Unknown [ ]

1. **Age Range:**

16-24 [ ]

25-34 [ ]

35-44 [ ]

45-54 [ ]

55-64 [ ]

65+ [ ]

Prefer not to say [ ]
Unknown [ ]

1. **Ethnicity: From which of the following ethnic/racial groups do you identify?**

**White**:
White British/English/Welsh/Northern Irish/Scottish [ ]

White Irish [ ]

White Gypsy or Irish Traveller [ ]

Other White Background (Please specify) [ ]

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**Mixed:**

White and Black Caribbean [ ]

White and Black African [ ]

White and Asian [ ]

Other mixed/multiple ethnic background (Please specify) [ ]

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**Asian:**

Asian or Asian British- Indian [ ]

Asian or Asian British- Pakistani [ ]
Asian or Asian British- Bangladeshi [ ]
Asian or Asian British- Chinese [ ]

Other Asian Background (Please specify) [ ]

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**Black or Black British:**

Black/African/Caribbean/Black – African [ ]

Black/African/Caribbean/Black- Caribbean [ ]

Other Black Background (Please specify) [ ]

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**Other:**

Other Ethnic background (Please specify) [ ]

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Not known [ ]

Prefer not to say [ ]

1. **What is your Nationality?**

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1. **Religion: Do you practice any religion?**

No religion [ ]

Christian [ ]

Buddhist [ ]

Hindu [ ]

Jewish [ ]

Muslim [ ]

Sikh [ ]

Any other religion (Please Specify) [ ]

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Prefer not to say [ ]

Unknown [ ]

1. **Do you require a Work Permit?**

Yes [ ]

No [ ]

1. **Sexual Orientation:**

Heterosexual [ ]

Gay Man [ ]

Gay woman/lesbian [ ]

Bisexual [ ]

Omnisexual [ ]

Asexual [ ]

Other (Please specify) [ ]

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Prefer not to say [ ]

Unknown [ ]

1. **Do you have any childcare responsibilities?**

Primary carer of one or more children [ ]

Not primary carer of one or more children [ ]

Prefer not to say [ ]

1. **Do you care for anyone other than a child?**

No caring responsibilities [ ]

Yes, 1-19 hours per week [ ]

Yes, 20 – 49 hours per week [ ]

Yes, more than 50 hours per week [ ]

Prefer not to say [ ]

1. **Schooling: which of the following best described your schooling?**

State run or state funded school [ ]

Independent or fee paying school [ ]

Independent or fee paying school supported by means [ ]

School outside of the UK [ ]

Unknown [ ]

Prefer not to say [ ]

1. **Do you consider yourself to have a medical or physical disability?**

Yes, singular disability [ ]

Yes, multiple disabilities [ ]

No [ ]

Prefer not to say [ ]

Unknown [ ]

***(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 User

[ ] Other Mobility Problems [ ] Mental Health Difficulties [ ] Dyslexia

[ ]  Learning Disability [ ]  Psychiatric disability

[ ] Unseen Disability (i.e. diabetes, epilepsy)

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

If you feel it would assist, please provide further details of your disability:

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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: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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