**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.***