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| G:\Full Access\Office\Communications\Brand\Rebrand\New assets\Advocate_Master_logos\Advocate_Logo\JPG\Advocate_logo_RGB.jpgEqual Opportunities Monitoring Form |
| Advocate is an equal opportunities employer and welcomes applications irrespective of age, race, gender, sexual orientation, disability, physical appearance, creed, religion or political persuasion. In order to help us monitor the effectiveness of our equal opportunities policy, we ask all applicants to provide the information indicated below. This information will only be used for monitoring and statistical analysis.  |
|  |
| Ethnic origin |
| I would describe my ethnic origin as: |
| A) White[ ]  English[ ]  Scottish[ ]  Welsh[ ]  Irish[ ]  Other White: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | B) Mixed[ ]  White & Black Caribbean[ ]  White & Black African[ ]  White & Asian[ ]  Other Mixed: \_\_\_\_\_\_\_\_\_\_\_\_ | C) Asian[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Other Asian: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| D) Black[ ]  Caribbean[ ]  African[ ]  Other Black: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E) Other[ ]  Any other ethnic background, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | F) Would prefer not to indicate[ ]  |
|  |
| Age and Gender |
| Date of birth:  | [ ]  Would prefer not to indicate |
| Gender:  | [ ]  Would prefer not to indicate |
|  |
| Disability |
| Do you consider yourself to have a disability? [ ]  Yes [ ]  No [ ]  Would prefer not to indicateIf yes, please tick any of the list below which apply. |
| [ ]  Dyslexic[ ]  Blind / partially sighted[ ]  Deaf / hearing impairment[ ]  Wheelchair use / mobility difficulties | [ ]  Need personal care[ ]  Mental health difficulties[ ]  Unseen disability (e.g. asthma, diabetes, epilepsy | [ ]  Multiple difficulties[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Would prefer not to indicate |