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| G:\Full Access\Office\Communications\Brand\Rebrand\New assets\Advocate_Master_logos\Advocate_Logo\JPG\Advocate_logo_RGB.jpg  Equal 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 indicate  If 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 |