Employee Equal Opportunities Monitoring

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| Title |  | First Name |  |
| Middle Name |  | Surname |  |
| Known As |  | | |
| Work Location |  | | |
| Date of Birth |  | Gender | Male  Female |
| Marital Status | Single  Married  Partner  Divorced  Separated  Civil Partnership  Do not wish to disclose | | |

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| Religion/Belief |
| Christian  Jewish  Muslim  Agnostic  Atheist  Hindu  Sikh  Undisclosed  Other |

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| SKILLS AND LANGUAGES |
| Please detail languages you can speak other than English and your competency level, e.g. spoken/written/conversational |
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| ETHNICITY / DISABILITY | |
| ETHNICITY  Hand in Hands is committed to ensuring that staff are appointed, retained and promoted on the basis of merit, regardless of ethnic origin, gender, disability, age, marital status, religious belief and sexual orientation. To enable us to do this, and to make the exercise successful, we rely on the following details being provided. Please choose ONLY ONE ethnic group from the following categories and then tick the appropriate box to indicate that which best matches your cultural and ethnic background.  Ethnic origin refers to members of an ethnic group who share the same cultural identity. This does not mean country of birth or nationality | |
| White – British (Eng/ Welsh/ Scot/ Northern Irish)   White - Irish   Gypsy or Irish Traveller   White – Any other white background   Mixed – White and Black Caribbean   Mixed – White and Black African   Mixed – White and Asian   Mixed – Any other mixed   Asian/ Asian British - Indian   Asian/ Asian British - Pakistani  | Asian/ Asian British - Bangladeshi   Asian/ Asian British - Chinese   Asian/ Asian British – Any other mixed   Black - African   Black - Caribbean   Black - Any other Black background   Arab   Any other ethnic group  |
| DISABILITY  Hand in Hands wishes to encourage suitably qualified disabled people to apply for work. The Disability Discrimination Act 1995 defines disability as a ‘physical or mental impairment, which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities’.  Based on this definition, do you consider yourself to have a disability? 1. YES  2. NO   If YES, please state the nature of your disability:  ***Disability*** ***Learning difficulty*** | |
| 01. Visual Impairment   02. Hearing impairment   03. Disability affecting mobility   04. Other physical disability   05. Other medical condition (eg. epilepsy, diabetes)   06. Emotional/ behavioural difficulties   07. Mental health difficulties   08. Temporary disability after illness or accident   09. Profound complex disabilities   10. Aspergers syndrome   90. Multiple disabilities  | 01. Moderate learning difficulty   02. Severe learning difficulty   10. Dyslexia   11. Dyscalculia   19. Other specific learning difficulty   20. Autism spectrum disorder   90. Multiple learning difficulties   97. Other   99. Information not provided  |