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| **EQUAL OPPORTUNITIES MONITORING FORM** |  |

Adoption Matters is an Equal Opportunities charity. We are committed to ensuring equality of opportunity to all those who have contact with the organisation and no less favourable treatment due to age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation, we would be grateful if you could complete this form. The information on this page will only be used for statistical monitoring and will not affect the pre-selection of candidates.

|  |  |
| --- | --- |
| **Gender:** |  |

Male ☐

Female ☐

Do you identify as transgender? [ ]

Prefer not to say [ ]

Non-Binary [ ]

Self-describe [ ]

**Ethnic Origin:**

White: White British [ ]  Asian or Asian British: Indian [ ]

 White Irish [ ]  Pakistani [ ]  Other white background [ ]  Bangladeshi [ ]

 Other Asian background[ ]

Mixed: White and Black Caribbean[ ]

 White and Black African [ ]  Black or Black British: Black Caribbean[ ]

 White and Asian [ ]  Black African[ ]

 Other mixed background [ ]  Other black background[ ]

 Chinese or other ethnic group: Chinese [ ]

 Other ethnic background [ ]

 Prefer not to say[ ]

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**Do you have caring responsibilities? If yes, please tick all that apply**

None

Primary carer of a child/children (under 18) [ ]

Primary carer of disabled child/children [ ]

Primary carer of disabled adult (18 and over) [ ]

Primary carer of older person [ ]

Secondary carer (another person carries out the main caring role) [ ]

Prefer not to say [ ]

**Age**

|  |  |
| --- | --- |
|  |  |
| **Age** 16-24[ ]  25-29 [ ]  30-34 [ ]  35-39[ ]  40-44 [ ]  [ ]  45-49 50-54 [ ] 55-59 [ ]  60-64 [ ]  65+ [ ] Pr Prefer not to say [ ]  |  |

**Disability:**

The Equality Act 2010 seeks to protect the employment rights of people with disabilities. The Act defines a disability as any physical or mental impairment, which has a substantial or long term adverse effect on the ability to carry out normal day to day activities.

Do you consider yourself to have a long term medical condition that may require adjustments to be made to the working environment?

Yes [ ]  No [ ]  Prefer not to say [ ]

Do you feel any reasonable adjustments needed have been put into place? If not, please speak to your line manager regarding any requirements you may wish them the charity to consider. Implementing these adjustments where appropriate helps us to ensure more consistent and equitable treatment of our disabled staff.

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How did you find out about this post?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indeed |  | Job Centre |
|  | Adoption Matters Website |  | Personal recommendation |
|  | Newspaper – please specify: |  | Other website – please specify: |
|  | LinkedIn |  | Social Media – Facebook  |

Do you have any previous association with this Charity? Yes No

If Yes, in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data Protection**

For the purposes of compliance with the Data Protection Act 2018, I hereby confirm that by completing this form I give my consent to the Company to process the data supplied on this form for the purpose of monitoring its Equal Opportunities Policy, and for statistical purposes. [ ]