

Carers Centre EQUAL OPPORTUNITIES MONITORING FORM

The Carers Centre for Brighton and Hove aims to be an Equal Opportunities Employer. In order to monitor our practices and assess where we need to take action to fairly recruit employees and volunteers we need to collect information. We would be grateful if you would return this form to us with your application form. The information you give will be strictly confidential. We will separate it from the application form and it will not be available to the people who are responsible for selecting applicants for interview and appointment.

Q1	<i>Date of Birth (insert)</i>							Q2	<i>Sex & Gender Identity</i>				
	D	D	M	M	Y	Y	Y	Y	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
									Is your gender identity the same as the gender you were assigned at birth?				
									Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>		
Q3	<i>Ethnic group (mark one box only)</i>												
White	English/Welsh/ Northern Irish/ Scottish/British			<input type="checkbox"/>	Irish			<input type="checkbox"/>	Gypsy/ Irish Traveller <input type="checkbox"/>				
	Any other White background			<input type="checkbox"/>									
Black/ African/ Caribbean/ Black British	African			<input type="checkbox"/>	Caribbean			<input type="checkbox"/>	Any other Black/ African/ Caribbean background <input type="checkbox"/>				
Asian/ Asian British	Bangladeshi			<input type="checkbox"/>	Indian			<input type="checkbox"/>	Pakistani		<input type="checkbox"/>	Chinese <input type="checkbox"/>	
	Any other Asian background			<input type="checkbox"/>									
Mixed/ multiple ethnic groups	White & Black Caribbean			<input type="checkbox"/>			White & Black African			<input type="checkbox"/>			
	White & Asian			<input type="checkbox"/>			Any other Mixed/ multiple ethnic background <input type="checkbox"/>						
Other ethnic group	Arab			<input type="checkbox"/>			Any other ethnic group			<input type="checkbox"/>			
	Prefer not to say <input type="checkbox"/>												
Q4	<i>Religion or philosophical belief (mark one box only)</i>												
	Buddhist <input type="checkbox"/>		Christian <input type="checkbox"/>		Hindu <input type="checkbox"/>		Jewish <input type="checkbox"/>		Muslim <input type="checkbox"/>				
	Sikh <input type="checkbox"/>		None <input type="checkbox"/>		Other <input type="checkbox"/>		Prefer not to say <input type="checkbox"/>						
Q5	<i>Disability: Do you consider yourself to have any disabilities? Disability under the Equality Act (2010) is defines as a long term physical or mental impairment which has an adverse effect which is substantial and likely to last, 12 months or more and effects your ability to carry out normal day-to-day activities</i>												
	Yes <input type="checkbox"/>						No <input type="checkbox"/>						
Q6	<i>Sexual Orientation (mark one box only)</i>												
	Bisexual <input type="checkbox"/>			Gay <input type="checkbox"/>			Heterosexual <input type="checkbox"/>						
	Lesbian <input type="checkbox"/>			Other <input type="checkbox"/>			Prefer not to say <input type="checkbox"/>						
Q7	<i>Do you have responsibility for dependent care? (Dependants relates to children, or elderly or other persons for whom you are the main carer)</i>												
	Yes <input type="checkbox"/>						No <input type="checkbox"/>						