**Equal Opportunities Monitoring Form**

Sheffield Flourish is committed to the Equality Act 2010 and equal opportunities in its employment practices, services and activity. In order to assist Sheffield Flourish in implementing its policy you are requested to answer the questions below.

This information will be used solely for monitoring purposes. It will be separated from your application form on receipt and not be seen by those short-listing. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. I would describe my ethnic origin as: *(please tick the appropriate box)***

**☐** Black or Black British – African

**☐** Black or Black British – Caribbean

**☐** Black or Black British – Any other Black background

**☐** East Asian or East Asian British – Chinese

**☐** Any other EastAsian or East Asian British

**☐** Mixed – White and Black African

**☐** Mixed White and Black Caribbean

**☐** Mixed – White and East Asian

**☐** Mixed – Any other Mixed Background

**☐** Romany

**☐** SouthAsian or South Asian British – Indian

**☐** SouthAsian or South Asian British – Pakistani

**☐** Any other SouthAsian or South Asian British

**☐** White – British

**☐** White – Irish

**☐** White – Any Other White Background

**☐** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. My gender is:**

**☐** Male

**☐** Female

**☐** Non-binary

**☐** Prefer not to say

**If you prefer to use your own gender identity, please write in:**

**3. Date of birth:**

**4. Do you have a health problem or disability that is relevant to your job application?**

 **☐** Yes **☐** No

**If yes, please specify the health problem or disability in this space:**

The information in this form is for monitoring purposes only. If you believe you need ‘reasonable adjustment’, then please discuss this with the manager running the recruitment process.

**5. 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