Dear Applicant

CAB&D is striving to be an Equal Opportunities Organisation. This means we believe that everyone in society is entitled to a fair deal, and we will try not to discriminate against you.

We need to monitor all job applicants to see how effective our policies are, and make changes if they are not effective. Please help us by completing this monitoring form. It can be completed electronically or by hand. If completing by hand please use block capitals and black ink.

The information requested is confidential and anonymous and will be used purely for monitoring purposes. It will not be used as part of the selection or recruitment procedure. **Do not put your name on this form.**

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| **Post applied for**:      |
| **Date of birth**:       | **Age**:       |
|  |
| **What is your current sex?*** [ ]  male
* [ ]  female
* [ ]  intersex
* [ ]  other
* [ ]  prefer not to say
 | **What gender do you identify as?*** [ ]  as a man
* [ ]  as a woman
* [ ]  in some other way
* [ ]  prefer not to say
 |
|  |
| **What is your religion?*** [ ]  no religion
* [ ]  Christian
* [ ]  Buddhist
* [ ]  Hindu
* [ ]  Jewish
* [ ]  Muslim
* [ ]  Sikh
* [ ]  Prefer not to say
* Any other religion (please detail)
 | **Which of the following best describes your sexual orientation?*** [ ]  Bisexual
* [ ]  Gay man
* [ ]  Gay woman or lesbian
* [ ]  Heterosexual or straight
* [ ]  Prefer not to say
* [ ]  Other
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|  |
| **Do you have caring responsibilities?*** [ ]  None
* [ ]  Primary carer of a child or children (under 18 years)
* [ ]  Primary carer of a disabled child or children
* [ ]  Primary carer of disabled adult (18 years of older)
* [ ]  Primary carer of an older person or people (65 years and over)
* [ ]  Secondary carer
* [ ]  Prefer not to say
 | **Do you have a disability, long term illness or health?** * [ ]  Yes
* [ ]  No
* [ ]  Prefer not to say

*The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at* *least 12 months) and adverse effect on the person’s ability to carry out normal day-to-day activities.* |
|  |
| **In relation to the above question regarding health and disability please put an ‘x’ in the relevant box if any of the below apply to you.*** [ ] Blind or sight loss
* [ ]  Deaf or hearing loss
* [ ] Mobility – e.g. difficulty walking short distances or climbing stairs
* [ ] Learning disability (where a person learns in a different way e.g. dyslexia)
* [ ] Mental illness – e.g. schizophrenia, depression
* [ ] Speech impairment
* [ ] Cognitive disability
* [ ] Hyperactive disorder or Aspergers syndrome
* [ ] Other: e.g. epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia, or progressive condition such as motor neurone disease
* [ ] Prefer not to say
* Other (please specify)
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|  |
| **What is your ethnicity?** Choose one section from A to E and then tick the most appropriate box to represent your ethnic group |
| **A: White** |
| [ ]  British, English, Northern Irish, Scottish or Welsh |
| [ ]  Irish |
| [ ] Gypsy or Irish Traveller |
| [ ]  Any other white background (specify)       |
| **B: Mixed or multiple ethnic groups** |
| [ ]  White and Black Caribbean |
| [ ]  White and Black African |
| [ ]  White and Asian |
| [ ]  Any other mixed or multiple ethnic background (specify)       |
| **C: Asian or Asian British** |
| [ ]  Indian |
| [ ]  Pakistani |
| [ ]  Bangladeshi |
| [ ]  Chinese  |
| [ ]  Any other Asian background (specify)       |
| **D: Black, African, Caribbean or black British** |
| [ ]  Caribbean |
| [ ]  African |
| [ ]  Any other black British, African or Caribbean background (specify)       |
| **E: Other ethnic group** |
| [ ]  Arab |
| [ ]  Any other ethnic group (specify)       |
| **F: Prefer not to say** [ ]  |
|  |
| **Advertising:** CAB&D wants to ensure all vacancies are advertised as widely as possible. Could you say how you heard about this job:Word of Mouth [ ] , Job Centre [ ] , Website [ ] , Newspaper [ ]  (specify)      Other (specify)       |
|  |
| **Additional Information:** please feel free to add any additional information that you feel is relevant.      |

Please return to: debraa@cabad.org.uk with your application form.