

EQUAL OPPORTUNITIES MONITORING FORM

This form will be separated from your application form and will not be seen by the person responsible for drawing up a shortlist for interview.

We wish to ensure that all applicants are treated fairly. To assist in this policy could you please give the following information:

POST APPLIED FOR:

FULL NAME:

DATE OF BIRTH:	MARITAL STATUS:
----------------	-----------------

NUMBER OF DEPENDENT CHILDREN:	OTHER DEPENDANTS:
-------------------------------	-------------------

ETHNIC ORIGIN: (circle as appropriate)	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">1. White</td> <td style="width: 33%;">6. Pakistani</td> <td style="width: 33%;"></td> </tr> <tr> <td>2. Black Caribbean</td> <td>7. Bangladeshi</td> <td></td> </tr> <tr> <td>3. Black African</td> <td>8. Chinese</td> <td></td> </tr> <tr> <td>4. Black Other</td> <td>9. Other (<i>please specify</i>)</td> <td></td> </tr> <tr> <td>5. Indian</td> <td></td> <td style="text-align: center;"><input style="width: 100px; height: 15px;" type="text"/></td> </tr> </table>	1. White	6. Pakistani		2. Black Caribbean	7. Bangladeshi		3. Black African	8. Chinese		4. Black Other	9. Other (<i>please specify</i>)		5. Indian		<input style="width: 100px; height: 15px;" type="text"/>
1. White	6. Pakistani															
2. Black Caribbean	7. Bangladeshi															
3. Black African	8. Chinese															
4. Black Other	9. Other (<i>please specify</i>)															
5. Indian		<input style="width: 100px; height: 15px;" type="text"/>														

NATIONALITY:	
PLACE OF BIRTH:	

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UK?	Please tick appropriate box Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---

DO YOU HAVE ANY ENDORSEMENTS IN YOUR PASSPORT WHICH LIMITS YOUR STAY OR LENGTH OF EMPLOYMENT IN THE UK?	Please tick appropriate box Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

IF YES, PLEASE GIVE DETAILS:	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
------------------------------	---

Emergency Contact Details : (Please print)	
Name	Contact Number

ARE YOU DISABLED?	Please tick appropriate box Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------	---

IF YES, PLEASE STATE THE NATURE OF YOUR DISABILITY:	
---	--

If you have any difficulty completing this Application Form, please contact Carol Cole at our Head Office on 01204 555900 who will be pleased to assist you.