

# Equal Opportunities Monitoring Form

Please complete the form in **BLOCK CAPITALS** and **BLACK INK** (Tick/Delete where appropriate)

## EQUAL OPPORTUNITIES INFORMATION

Craven College is committed to Equal Opportunities for all in the provision of services, employment and educational opportunities. Applicants for employment are considered on merit and are welcomed from all suitably qualified applicants irrespective of gender, sexual orientation, marital status, age, race, nationality and ethnic origin, religion, belief or disability.

To help us monitor equality of opportunity in our recruitment and selection procedures we would be grateful if you would complete the details below and tick the relevant boxes. Your personal details will be kept separate from your application form and will be retained and processed in the strictest confidence, in accordance with the terms and principles of the Data Protection Act 1998.

### 1. CANDIDATE DETAILS

Surname: ..... Post Applied for: .....

Forename(s): ..... Post Reference:

Post Code: ..... Closing Date:  /  /

Date of Birth:  /  /

How did you find out about this position?  
 Eg: newspaper/College website/internal advert/word of mouth/job Centre. Please Specify: .....

### 2. ETHNIC ORIGIN

Ethnic Origin categories are approved by the Commission for Racial Equality

<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Chinese	<input type="checkbox"/> White
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Mixed	<input type="checkbox"/> British
<input type="checkbox"/> Indian	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Irish
<input type="checkbox"/> Pakistani	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Any other white background
<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Not known/provided
<input type="checkbox"/> Black or Black British	<input type="checkbox"/> Any other mixed background	
<input type="checkbox"/> African		
<input type="checkbox"/> Caribbean		
<input type="checkbox"/> Any other Black background		

### 3. GENDER AND MARITAL STATUS

<input type="checkbox"/> Male	<input type="checkbox"/> Single
<input type="checkbox"/> Female	<input type="checkbox"/> Married
<input type="checkbox"/> Other	<input type="checkbox"/> Other

### 5. DISABILITY

Definition: The Disability Discrimination Act 1995 defines a disability as a physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day to day activities.

Do you have a disability?  Yes  No

If yes, please specify your disability and any special arrangements.

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### 4. AGE

At Date of Application

<input type="checkbox"/> Under 18	<input type="checkbox"/> 46 - 55
<input type="checkbox"/> 18 - 25	<input type="checkbox"/> 56 - 60
<input type="checkbox"/> 26 - 35	<input type="checkbox"/> 61 - 65
<input type="checkbox"/> 36 - 45	<input type="checkbox"/> Over 65