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| **Equal Opportunities Monitoring Form** |
| The Access to Justice Foundation is an equal opportunities employer and welcomes applications irrespective of age, race, gender, sexual orientation, disability, physical appearance, creed, religion and political persuasion. In order to help us monitor the effectiveness of our equal opportunities policy, we ask all applicants to provide the information indicated below. This information will only be used for monitoring and statistical analysis. Your diversity data will be treated as confidential and stored securely according to the Foundation’s privacy policy. You are not obliged to complete this form but we strongly encourage you to assist us by doing so. |

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| **1. ETHNIC GROUP** | | | | |
| I would describe my ethnic group as (Please put a cross beside or bold): | | | | |
| A) White 🞎 British/English/Scottish/Welsh/Northern Irish  🞎 Gypsy or Irish Traveller  🞎 Irish  🞎 Other White | B) Mixed 🞎 White & Black Caribbean  🞎 White & Black African  🞎 White & Asian  🞎 White & Chinese  🞎 Other Mixed | | | C) Asian/Asian British 🞎 Indian  🞎 Pakistani  🞎 Bangladeshi  🞎 Chinese  🞎 Other Asian |
| D) Black/Black British 🞎 Caribbean  🞎 African  🞎 Other Black: | | E) Other 🞎 Any other ethnic  background please describe: | **Would prefer not to indicate** 🞎 | |

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| **2. AGE AND SEX** |
| Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Would prefer not to indicate  Gender: 🞎 Male 🞎 Female 🞎 Other 🞎 Would prefer not to indicate |

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| **3. DISABILITY** The Equality Act 2010 generally defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities. | | | | |
| **Do you consider yourself to have a disability according to the definition in the Equality Act?** | | 🞎Yes  🞎 Would prefer not to indicate | | 🞎No |
| If yes, please tick any of the categories below that apply: | | | | |
| 🞎 Dyslexic  🞎 Blind/Partially sighted  🞎 Deaf/hearing impairment  🞎 Wheelchair user/mobility difficulties | 🞎 Need personal care  🞎 Mental health difficulties  🞎 Unseen disability (e.g. asthma, diabetes, epilepsy) | | 🞎 Multiple disabilities  🞎 Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Would prefer not to indicate | |
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| **3. RELIGION OR BELIEF** | | | | |
| What is your religion or belief? | |  | |  |
| 🞎 No religion or belief  🞎 Buddhist  🞎 Christian (all denominations)  🞎 Hindu | 🞎 Jewish  🞎 Muslim  🞎 Sikh | | 🞎 Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Would prefer not to indicate | |
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| **3. SEXUAL ORIENTATION** | | | | |
| What is your sexual orientation? | |  | |  |
| 🞎 Bisexual  🞎 Gay man | 🞎 Gay woman/lesbian  🞎 Heterosexual/straight | | 🞎 Other (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Would prefer not to indicate | |