

Equal Opportunities Monitoring Form

As part of our Equal Opportunities Policy, we are committed to providing equal opportunities to all employees. To ensure our policy is working effectively, we carry out monitoring and therefore we would be grateful if you would complete this form and return it to hr@laat.co.uk. Whilst this information is voluntary your co-operation is appreciated.

All information supplied by you on this form will only be used for the purposes of equal opportunities monitoring and shall be treated in the strictest confidence. **It will be detached from your application before it is seen by the shortlisting panel. It will not be used as part of the selection process.**

Position applied for:

Date: _____

Please make sure you read all the categories and then place a cross in the box that applies to you

Ethnic Origin

White	<input type="checkbox"/>	British	<input type="checkbox"/>	Irish
	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	English
	<input type="checkbox"/>	Welsh		
	<input type="checkbox"/>	Any other White background:		
		Please state _____		
Mixed Heritage	<input type="checkbox"/>	White and Black Caribbean		
	<input type="checkbox"/>	White and Black African		
	<input type="checkbox"/>	White and Asian		
	<input type="checkbox"/>	Any other mixed background:		
		Please state _____		
Asian or Asian British	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani
	<input type="checkbox"/>	Bangladeshi		
	<input type="checkbox"/>	Any other Asian background:		
		Please state _____		
Black or Black British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African
	<input type="checkbox"/>	Any other Black background:		
		Please state _____		
Chinese	<input type="checkbox"/>	Chinese		
Other ethnic group	<input type="checkbox"/>	Any other ethnic group:		
		Please state _____		

Disability

Excellence

Exploration

Encouragement

Do you consider yourself to have a disability or long term-term health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition?

Gender

Male Female Prefer not to say

Age Equality

Please tick the relevant box that currently reflects your age status:

18 or under 51 to 65
 19 to 30 Over 65
 31 to 50 Prefer not to say

Faith / Religion / Belief

Please tick the relevant box that best describes your current status:

Christian Sikh
 Buddhist None
 Hindu Other: Please specify: _____
 Jewish Prefer not to say
 Muslim

Thank you for your co-operation.
Please return this form with your application