

Ripon Community Link

Equal Opportunities Monitoring Form

Ripon Community Link believes in equal opportunities.

We want to make sure that we are an equal opportunities employer in practice, which is why we want to monitor our recruitment procedures. We will separate this part of the form from the application form. It will not form part of the selection process.

Please tick the appropriate boxes:

Gender

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

What age group do you belong to?

18-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>	Over 55	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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How would you describe your sexuality?

Heterosexual /straight	<input type="checkbox"/>	gay man	<input type="checkbox"/>	gay woman /lesbian	<input type="checkbox"/>	bi-sexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Do you consider that you have a disability?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Do you have a disability as defined by the Disability Discrimination Act?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I don't know	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Do you consider that you have a long-term health problem?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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How would you describe your religion or belief?

My religion or belief is	<input type="text"/>	I have no religion or belief.	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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How would you describe your nationality?

British	<input type="checkbox"/>	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Other (please describe)	<input type="text"/>
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How would you describe your ethnic origin?

White	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Black	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other Mixed background (please describe)					
Any other Asian background (please describe)					
Any other Black background (please describe)					
Any other ethnic group/background, please describe					
Prefer not to say	<input type="checkbox"/>				

Thank you for your help.