



# EQUAL OPPORTUNITY MONITORING

**Private and confidential**

Position applied for:..... Ref. No: .....

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:-

I would describe my ethnic group and sex as:- *(please tick one box for your ethnic group and one box for your sex).*

**A) White**  
 English  Scottish  Welsh  Irish  Other  
Any other White background, please specify: .....

**B) Mixed**  
 White and Black Caribbean  White and Black African  White and Asian  Other  
Any other Mixed background, please specify: .....

**C) Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**  
 Indian  Pakistani  Bangladeshi  Other  
Any other Asian background, please specify: .....

**D) Black, Black British, Black English, Black Scottish or Black Welsh**  
 Caribbean  African  Other  
Any other Black background, please specify: .....

**E) Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh or other Ethnic Group**  
 Chinese  Other  
Any other background, please specify: .....

**F) Sex**  
 Male  Female

Name: ..... Signed: .....

Date: .....

**DDA (Disability Discrimination Act)**

The Disability Discrimination Act (1995) defines a disabled person as someone with a ‘physical or mental impairment’ which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities

Do you consider yourself to have such a disability	
If yes, please indicate what type of disability you have	

Completion of this monitoring form enables Goodwin Healthcare to ensure compliance with equal opportunities legislation and invite a diverse variety of candidates to our posts.