

You can also complete this form online [HERE](https://prcbc.org/equal-opportunities-monitoring-form/)

***PRCBC Equal Opportunities Monitoring Form***

We, *PRCBC* 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 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.

We would like to use your data to ensure that this policy is fully and fairly implemented. We will use your data to compile statistics on the representation amongst our workforce of the categories listed. To use this information, we need your consent. Signing in the space below will indicate that you consent to your data being used for the purposes stated. You may withdraw your consent at any time by contacting admin@prcbc.net. Completion of this form is optional. Any responses you give will assist us in our commitment to equality, diversity, and inclusion in the workplace. Your responses will be kept strictly confidential and will not be used in any decisions affecting you.

|  |  |
| --- | --- |
| **Post applied for**  |  |
| **Where did you find out about this job?** |  |

**Please tick þ as appropriate**

1. ***Gender***

¨Male ¨Female ¨Non-binary ¨Prefer not to say

If you wish to provide your own description of your gender identity, please state here:

1. ***Age***

¨Under 25 ¨25-34 ¨35-44 ¨ 45-54 ¨55-64 ¨65+ ¨Prefer not to say

1. ***What is your sexual orientation?***

¨Bisexual ¨Gay Man ¨Gay Woman/Lesbian ¨Heterosexual/Straight

¨Prefer not to say

If you wish to provide your own description of your sexual orientation, please state here:

1. ***Ethnic Origin***

**Black/African/Caribbean/Black British**

¨African

¨Caribbean

¨Any other Black / African / Caribbean background

**Asian/Asian British**

¨Indian

¨Pakistani

¨Bangladeshi

¨Chinese

**White**

¨English / Welsh / Scottish / Northern Irish / British

¨Irish

¨Gypsy or Irish Traveller

¨Any other white background

¨Any other Asian background – please state

**Mixed/multiple ethnic groups**

¨White & Black Caribbean

¨White & Black African

¨White & Asian

¨Any other Mixed/multiple ethnic background – please state

**Other ethnic group**

¨Arab

¨ Latin American

¨Any other ethnic group – please state

¨Prefer not to say

1. ***Do you consider yourself to be disabled as defined by the Equality Act?***

The Equality Act 2010 defines disability as a physical or mental impairment, which has a substantial long-term adverse effect on a person’s ability to carry out normal day-to-day activities. Long term means 12 months or more.

¨Yes ¨No ¨Prefer not to say

**If yes, please specify the nature of your disability**

1. ***What is your religion/belief?***

¨No religion ¨Buddhist ¨Christian

¨Hindu ¨Jewish ¨Muslim

¨Sikh ¨Agnostic ¨Other ¨Prefer not to say

1. ***Do you have caring responsibilities for a child or adult relative?***

¨ Yes ¨ No ¨ Prefer not to say

Thank you for taking the time to complete this form.