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**Equal Opportunities Monitoring Form**

AVID wants to ensure equality of opportunity in its employment policies and we continue to monitor our recruitment practices.

Your cooperation in completing this form is greatly appreciated. Any information you provide is treated in strictest confidence and doesn’t form part of your application. You do not have to complete it if you do not want to.

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| **Position applied for** |  | **Date** |  |
| **Where did you see this job advertised or how did you learn about the position?** |  |

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| **Ethnicity** Choose one from A to E and then tick the appropriate box.  |
| **A. Asian or Asian British** | Bangladeshi |  | Indian |  | Pakistani |  |
| Chinese  |  | Other Asian background (please specify |  |
| **B. Black/African/Caribbean or Black British** | African |  | Caribbean |  | Any other Black/African/Caribbean or Black British background:  |
| **C. Other ethnic group**  | Arab  |  | Other ethnic background, please specify: |
| **D. Mixed** | White and Asian  |   | White and Black African |  | White and Black Caribbean |  |
| Other mixed background, please specify: |
| **E. White** | White British |  | White Irish  |  |
|  | Gypsy or Irish traveler |  | Any other white background (please specify)  |  |
| **F. Prefer not to say** |  |

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| **Which age group do you belong to?**  |
| 16 to 25  |  | 26 to 35  |  | 36 to 45 |  |
| 46 to 55 |  | 56 to 65 |  | Over 65 |  |
| Prefer not to say |  |

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| **Which of the following describes how you think of your gender:** | Female |   | Male  |  |
| In other way  |  | Prefer not to say  |  |

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| **What is your sexual orientation?**  |
| Bisexual  |  | Gay |  | Lesbian  |  |
| Heterosexual |  | None of these  |  | Prefer not to say |  |

*We appreciate that some people consider this information to be extremely personal. We stress that candidates are under no obligation to answer it.*

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| **How would you describe your religion or belief?** |
| Buddhist |  | Christian |  | Hindu  |  |
| Jewish |  | Muslim  |  | Non-religious |  |
| Sikh |  | Other, pleasespecify: |  | Prefer not to say |  |

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| **Do you consider yourself to have a disability or health condition?** |
| Yes  |  | No |  | Prefer not to say  |  |

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| If yes, please outline any support, adaptation or equipment you would require working for AVID. |
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