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**Equal Opportunities Monitoring Form**

**Please Return completed form by 12.00 noon on 4th November 2024 to** [**jobs@rathbone.co.uk**](mailto:jobs@rathbone.co.uk)

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to

people regardless of their religion or belief; sex; race; age; disability; sexual

orientation; marital or civil partnership status; pregnancy, maternity or paternity;

or whether they have undergone, are undergoing or intend to undergo gender

reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions are made objectively. Staff involved in shortlist and interviews will NOT see this monitoring form and this information will NOT be used in the recruitment decision-making process.

Below we ask you to provide us with some personal information about yourself. We are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will help us measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

**You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so.**

Nevertheless, we encourage you to answer the questions below. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

To protect your privacy, you should only write your name below on the first page of this questionnaire. On receipt of this document our Monitoring Officer will assign the form with a unique number and remove the top page, to be filed separately. Only the monitoring Officer will see these details.

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| --- | --- | --- | --- |
| **SURNAME** |  | **FIRST NAME(S)** |  |

|  |  |
| --- | --- |
| **Application for the post of:** | Support Worker (Full or part-time) |

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| --- |
| **For Office Use only:**  **Ref no SW2024/(3)…………** |

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| **For Office Use only:**  **Ref no: SW2024/(3)…………** |

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**Equal Opportunities Monitoring Form**

1. **How would you describe your ethnic origin?**

|  |  |  |  |
| --- | --- | --- | --- |
| White: British |  | Asian or Asian British: Pakistani |  |
| White: Irish |  | Asian or Asian British: Indian |  |
| White: Other White |  | Asian or Asian British: Bangladeshi |  |
| Mixed: White & Black Caribbean |  | Asian or Asian British: Other Asian |  |
| Mixed: White & Black African |  | Black or Black British: Caribbean |  |
| Mixed: White & Asian |  | Black or Black British: African |  |
| Mixed: Other Mixed |  | Black or Black British: Black Other |  |
| Chinese: |  | Other Ethnic Group: Please state |  |
| Prefer not to say |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **How you describe your gender:** | Male |  | Female |  |
| Fluid |  | Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **Would you describe yourself as having any of the following:** | |
| **No disabilities** |  |
| **Physical impairment,** such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches: |  |
| **Sensory impairment,** such as being blind or having a visual impairment, or being deaf or having a hearing impairment: |  |
| **Learning disability or difficulty** e.g. Down’s Syndrome or Dyslexia**,**  **or Cognitive Impairment** such as autistic spectrum disorder |  |
| **Mental Health Condition** e.g. depression or schizophrenia |  |
| **Long Standing or progressive illness or health condition** e.g. cancer, HIV infection, diabetes, epilepsy or chronic heart disease |  |
| **Other Impairment** |  |
| **Prefer not to say** |  |

|  |  |
| --- | --- |
| 1. **What is your Date of Birth**? | (please enter details) |

|  |  |  |
| --- | --- | --- |
| 1. **Do you have a religion?** | Yes | My religion is.:  (please enter your religion) |
|  | No |  |
|  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **How would you describe your sexual orientation?** | | | |
| Heterosexual |  | Homosexual |  |
| Bisexual |  | Asexual |  |
| Prefer not to say |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Are you either married or in a civil partnership?** | | | |
| Yes |  | No |  |
| Prefer not to say |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Have you or do you intend to undergo gender reassignment?** | | | |
| Yes |  | No |  |
| Prefer not to say |  |  |  |

October 2024 v.16