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**Equal Opportunities Monitoring Form**

**Please return completed form by 12.00 noon on Monday 13th October 2025 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 or have access to this monitoring form and this information will **NOT** be used in the recruitment decision-making process. This information is requested for monitoring purposes **only**.

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: SW2025/(2)…………** |

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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 |  |
| Prefer to self-describe as |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Is your gender the same as the sex you were registered with at birth?** | | | |
| Yes |  | No |  |
| Prefer not to say |  |  |  |

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

|  |  |
| --- | --- |
| 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. **What is your legal marital or registered civil partnership status?** | | | |
| Never married and never legally registered in a civil partnership |  | Married |  |
| Separated but still legally married |  | Separated but still legally in a civil partnership |  |
| Prefer not to say |  | In a legally registered civil partnership |  |
| Divorced |  | Widowed |  |
| Formally in a civil partnership |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. **Are you pregnant?** | Yes |  |
|  | No |  |
|  | Prefer not to say |  |