## Appendix 1 - Equal Opportunities Monitoring Form

Fourth Monkey wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

We need your help and co-operation to enable us to do this, but filling in this form is voluntary.

The information you provide will stay confidential and be stored securely and will not form part of the selection process.

Please return the completed form along with your application but ensure that it is as a separate attachment to the CV and cover letter and clearly entitled **Equal Opportunities Monitoring form**

**Gender**

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

If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?**

Yes ☐ No ☐ Prefer not to say ☐

**Age**

16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐

50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say ☐

**What is your ethnicity?**

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box*

***White***

English ☐ British Welsh ☐ Scottish ☐ Northern Irish ☐

Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean Irish ☐ White and Black African ☐

White and Asian ☐ Prefer not to say ☐

Any other mixed background, please write in:

***Asian/Asian British***

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐

Any other Asian background, please write in:

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

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab ☐ Prefer not to say ☐

Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes ☐ No ☐ Prefer not to say ☐

***What is the effect or impact of your disability or health condition on your ability to give your best at work?***

Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual ☐ Gay woman/lesbian ☐ Gay man ☐

Bisexual ☐ Prefer not to say ☐

If you prefer to use your own term, please specify here:

**What is your religion or belief?**

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐

Muslim ☐ Sikh ☐ Prefer not to say ☐

If other religion or belief, please write in:

**What is your current working pattern?**

Full-time ☐ Part-time ☐ Prefer not to say ☐

**Do you have caring responsibilities?** If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐

Primary carer of disabled child/children ☐ Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐

Secondary carer (another person carries out the main caring role) ☐

Prefer not to say ☐

***Many thanks for your help***