

Equal Opportunities Monitoring Form				Confidential	
This information will be treated as confidential, and used solely for monitoring purposes. The form will be separated from the application form before short-listing of candidates takes place. The form will not be considered as part of the selection process. If you prefer not to disclose any of this information, please leave the section(s) blank					
Which Post have you applied for:					
How did you find out about this volunteer vacancy? (Please tick one box only)					
Word of mouth	<input type="checkbox"/>		Local Press/posters	<input type="checkbox"/>	
Social Media (specify which)	<input type="checkbox"/>		Website	<input type="checkbox"/>	
Other (please specify)					
I would describe my ethnic origin as (please tick one box only)					
Please tick this box if you would prefer not to answer this question:					<input type="checkbox"/>
White		Asian or Asian British			
British	<input type="checkbox"/>		Indian	<input type="checkbox"/>	
Irish	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>	
Any other white background	<input type="checkbox"/>		Bangladeshi	<input type="checkbox"/>	
(please describe)		Any other Asian background			
Mixed		(please describe)			
White & Black Caribbean	<input type="checkbox"/>		Black or Black British		
White & Black African	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>	
White & Asian	<input type="checkbox"/>		African	<input type="checkbox"/>	
Any other mixed background	<input type="checkbox"/>		Any other Black background	<input type="checkbox"/>	
(please describe)		(please describe)			
Chinese or other ethnic group					
Chinese	<input type="checkbox"/>				
Any other background (please describe)					
Please describe your religious group					
Please tick this box if you would prefer not to answer this question:					<input type="checkbox"/>
How would you describe your sexual orientation?					
Please tick this box if you would prefer not to answer this question:					<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>		Lesbian	<input type="checkbox"/>	
Gay	<input type="checkbox"/>		Bisexual	<input type="checkbox"/>	
Other (please describe)					
Please indicate your age					
Age			Date of Birth		

Disability

Do you have a disability as defined by the Disability Discrimination Act 1995?

Yes No

If 'yes', please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs and thus meet our obligations under the Disability Discrimination Act 1995. A disability in no way precludes you from consideration for a position and OSARCC wishes to assist and support applicants with a disability through the recruitment process. ***Please continue overleaf as required...***