

EQUAL OPPORTUNITIES MONITORING FORM

In order to assist us in monitoring the effectiveness of our Equal Opportunities Policy you are requested to give us the following information.

Please tick or complete the following boxes as appropriate.

Age

My age is:

16-30

31 - 45

46 - 59

60 +

Ethnic Origin

I would describe my ethnic origin as:

Employment Status

Are you presently employed?

Yes

No

Disability

Do you have a disability?

Yes

No

If yes are you registered as disabled?

Yes

No

Sexuality

How would you describe your sexuality?

Lesbian

Bi-sexual

Heterosexual

Job Advertisement

How did you find out about this job/volunteering opportunity?
(Please specify the source or publication)
