

Equal Opportunities  
Monitoring Form

Malvern Special Families wishes to recruit the best possible staff, trustees & volunteers and therefore intends to ensure equality of opportunity.

No job applicant will be discriminated against on the grounds of gender, ethnic origin, sexual orientation, age, disability, marital status, personal religious views, unrelated criminal convictions, being HIV positive or having AIDS.

In order to ensure that this policy is effective, we monitor job applicants according to the categories listed overleaf. Completion of this form is voluntary, but your help is appreciated. You are welcome to complete all or some of the form as you prefer.

The information you give will be confidential to Malvern Special Families and will not be used for selection purposes.

Equal Opportunities Monitoring Form	
Post Applied for:	
	Please place an "x" in the relevant box?
<b>I define my gender as:</b>	Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>I define my ethnic origin as:</b>	
ASIAN -e.g. Indian, Pakistani, Bangladeshi.	<input type="checkbox"/>
ASIAN -British e.g. Scottish, Welsh, English, etc.	<input type="checkbox"/>
SE ASIAN –e.g. Chinese, Japanese.	<input type="checkbox"/>
BLACK –African.	<input type="checkbox"/>
BLACK –British e.g. Scottish, Welsh, English, etc.	<input type="checkbox"/>
BLACK – Caribbean.	<input type="checkbox"/>
BLACK –other e.g. American	<input type="checkbox"/>
WHITE –British, Welsh, English, etc.	<input type="checkbox"/>
WHITE – European.	<input type="checkbox"/>
WHITE –Irish.	<input type="checkbox"/>
WHITE –other e.g. Australian, American, etc.	<input type="checkbox"/>
MIXED ETHNIC ORIGIN –please define:	<input type="checkbox"/>
OTHER –please define:	
Prefer not to say:	<input type="checkbox"/>
<b>I define my sexuality as:</b>	
Lesbian/ Gay	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Prefer not to say:	<input type="checkbox"/>
<b>Do you consider yourself to have a disability?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
If Yes please specify:	
<b>What age band are you in?</b>	18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> 41+ <input type="checkbox"/>
<b>Where did you see this position advertised?</b>	
Thank you for your assistance.	