**Women’s Equality Party**

**Equal Opportunities Monitoring Form**

We are committed to our equal opportunities policy. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, ethnic or national origin), religion or belief, sex, sexual orientation, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Suitability to the job is our sole criterion for selection or promotion in the Women’s Equality Party. All employees are given opportunity to develop and are encouraged to progress within the organisation. In order to monitor our policy, it would be very helpful if you would complete the details below. Completing this page forms no part of our selection procedure.

For the purposes of compliance with the Data protection Act 1998, I hereby confirm that by completing this form I give my consent to the Women’s Equality Party processing the data supplied on this form for the purposes of equal opportunities monitoring.

**Please tick the box  Opportunity applied for Click or tap here to enter text.**

**Date Click or tap to enter a date.**

**Ethnicity**

Please tick **one** appropriate box below to indicate your cultural background.

**Asian or British Asian**

Indian Pakistani Bangladeshi

Any other Asian background: Click or tap here to enter text. (please describe)

**Black or Black British**

African Caribbean

Any other Black background: Click or tap here to enter text. (please describe)

**Chinese or other ethnic group**

Chinese

Any other ethnic group: Click or tap here to enter text. (please describe)

**Mixed Heritage**

White and Black Caribbean White and Black African

White and Asian

Any other Mixed background:Click or tap here to enter text. (please describe)

**White**

British English Irish

Welsh Scottish

Any other White background: Click or tap here to enter text. (please describe).

**Prefer not to say**

**Gender**

Female Male Unspecified

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

**Disability**

Do you consider yourself have a disability or long-term health condition?

Yes No

Prefer not to say

If yes, what is the effect or impact of your disability or health condition?

Prefer not to say

Click or tap here to enter text.

What adjustments, if any, can we make to assist your application?

Click or tap here to enter text.

**Sexual Orientation**

Bisexual Gay man Gay woman/lesbian

Heterosexual/straight Other

☐ Prefer not to say

**Religion**

Baha’i Buddhist Christian Hindu

Jain Jewish Muslim Sikh

No religion Other Click or tap here to enter text. (please specify)

Prefer not to say