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| Richmond Carers Centre is an equal opportunities employer and has adopted a Diversity and Equal Opportunities Policy. This is supported by a Code of practice that includes provision for monitoring the effectiveness of our policy. Our aim is to ensure the fair and equal treatment of all job applicants, and to meet the requirements of equal opportunities legislation.  We would be grateful if you would answer the questions set out below to help us review the effectiveness of our recruitment strategy. The Monitoring Form will be detached from your application form and shredded once the relevant information has been taken from it. Information given will not be used in any way in connection with short listing. | |
| **Position applied for:** |  |
| **Date:** |  |
| **The purpose of this confidential form is to ensure Richmond Carers Centre has a clear overview of how effective we are in reaching and representing diverse communities. When completing this form, please tick the boxes for the appropriate answers that best describe you.** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENDER** | | | | | |
| **Female** | **Male** | | **Other** | | **Prefer not to say** |
| **Does your gender differ from your sex at birth?** | | | | | |
| **Yes** | | **No** | | **Prefer not to say** | |

|  |  |
| --- | --- |
| **AGE GROUP** | |
| **18 – 24** | **55 – 64** |
| **25 – 34** | **65 – 74** |
| **35 – 40** | **75 – 84** |
| **41 – 44** | **85 – 100** |
| **45 – 54** | **Prefer not to say** |

|  |  |
| --- | --- |
| **ETHNIC ORIGIN** | |
| **How would you best describe your ethnic origin:** |  |
| **Prefer not to say** | |

|  |  |
| --- | --- |
| **SEXUAL ORIENTATION** | |
| **Lesbian** | **Heterosexual** |
| **Bisexual** | **Other** |
| **Gay** | **Prefer not to say** |

|  |  |
| --- | --- |
| **RELIGION AND BELIEF** | |
| **Atheist** | **Muslim** |
| **Buddhist** | **Sikh** |
| **Christian** | **Other** |
| **Hindu** | **No religion/belief** |
| **Jewish** | **Prefer not to say** |

|  |  |  |
| --- | --- | --- |
| **DISABILITY** | | |
| **Does you consider yourself to have a disability?** | | |
| **Yes** | **No** | **Prefer not to say** |
| **If yes, please state:** | | |

**Thank you for taking the time to complete this form. Please email it with your application form. Please note it will be separated from your application and will not be seen by any member of the recruitment panel.**