# Please return completed applications to: [apply@chapter.org](mailto:apply@chapter.org) Equal Opportunities Monitoring Form

Chapter recognises the benefits of having a diverse community of staff and is committed to being an inclusive organisation where everyone is treated with respect, dignity and where there is equal opportunity for all.

We are committed to eliminating discrimination from employment and selection practices. We will take steps to ensure that employees are recruited, trained and promoted on the basis of ability, the requirement of the job and the need to maintain an effective and efficient service.

In order to monitor our effectiveness and to comply with the obligations placed on us under equalities legislation, we need to collect and analyse the following information. All applicants are requested to complete this equal opportunities monitoring form which will be used for monitoring purposes only.

**This information will be treated in the strictest confidence and will not be made available to the recruiting panel.**

## How to fill in the form

Please complete the form by ticking the relevant boxes and by giving as much information as possible. You can choose not to fill in any or all of the sections and whether or not you choose to do so will have no effect on your application.

## Data Protection

The data you provide is subject to the provisions of the Data Protection Act 1998. By completing this form and returning it to Chapter, whether electronically or by hand, you are giving your explicit permission for us to process the data for equal opportunities monitoring purposes.

When your application form is received the equal opportunities monitoring form will be removed and used only by HR. This information will be held confidentially and will only be used for the purposes of equal opportunities monitoring. **All data will be treated as strictly confidential**.

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| **Post applied for:**  **How did you hear about this vacancy?** Date: |

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| Age Please give your date of birth: |
| Gender Male  Other, please specify:  Female |

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| Sexual Orientation Gay Man  Gay Woman/Lesbian  Bisexual  Heterosexual  **I choose not to disclose** |
| Disability Do you consider yourself to have a disability? Yes  No  Under the Disability Discrimination Act 1995 a disability is described as a physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities.  Please give details: |
| EthnicityWhite White Welsh  Any other White background, please specify:  White British  White Irish Asian, Asian Welsh, Asian British Indian  Any other Asian background, please specify:  Pakistani  Bangladeshi  Chinese Black, Black Welsh, Black British Caribbean  Any other Black background, please specify:  African Other Other ethnic background, please specify:  **I choose not to disclose** |
| Religion, religious belief or similar philosophical belief None  Other religion or similar philosophical belief,  Christian (Roman Catholic, Church of England/Wales, other)  please specify:  Buddhist  Hindu  Muslim  Jewish  Sikh  **I choose not to disclose** |