|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal Opportunities** | | | | | | |  | | **Admin Assistant – July 2021** | | | | | | |
| Completion of all or part of this form is voluntary. This form is not used during the short listing process and will be kept separate from your application form. The selection panel will not see a copy of this form as it is used for monitoring purposes only. | | | | | | | | | | | | | | | |
| **Salford Women’s Aid is an equal opportunities employer. To ensure the effectiveness of this policy and to assist in its development, we wish to monitor all applications for employment. If there is any part you would prefer not to complete, please leave blank.**  **The information you provide in this section will be treated as confidential and anonymous will be used for statistical purposes only.** | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Age** | | | |  | | |  | |  | |  | | |  | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Ethnic Origin (please tick)** | | | | | | |  | |  | |  | | |  | |
| **White** | | | **Mixed** | | | **Asian/Asian British** | | | | **Black/**  **Black British** | | | **Chinese or other ethnic group** | | |
| British |  | | White & Black Caribbean | |  | Indian | |  | | Caribbean | |  | Chinese | |  |
| Irish |  | | White & Black African | |  | Pakistani | |  | | African | |  | Other ethnic group | |  |
| Other |  | | White & Asian | |  | Bangladeshi | |  | | Other | |  |  | |  |
|  |  | | Other | |  | Other | |  | |  | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Sexuality**  **(please tick)** | | | Heterosexual | |  | Lesbian | |  | | Bisexual | |  | Other/ Do not wish to disclose | |  |
|  | | |  | |  |  | |  | |  | |  |  | |  |
| **Do you consider yourself transgender** | | | Yes | |  | No | |  | | Don’t know | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Are you disabled?** | | | | | | Yes | |  | | No | |  |  | |  |
| Nature of Disability | | | | |  |  | |  | |  | |  |  | |  |
| Mobility |  | | Visual Impairment | |  | Hearing Impairment | |  | | Progressive Disability/Chronic Illness | |  | Mental Health | |  |
| Learning Disability |  | |  | |  | Other | |  | |  | |  | Do not wish to disclose | |  |

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| **Where did you see this vacancy advertised?** |  |  |  |  |  |
|  | | | | | |