**Women’s Equality Party**

**Equal Opportunities Monitoring Form**

This form plays no part in the selection process. We are committed to our equal opportunities policy and the aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality, ethnic or national origin), religion or belief, 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.

For the purposes of compliance with the Data protection Act 2018, 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.

**Opportunity applied for:**

**Date:**

**Please tick the boxes below ☒**

**Ethnicity**

Please tick **one** appropriate box below.

**Asian or British Asian**

☐Indian ☐Pakistani ☐Bangladeshi

☐Any other Asian background (please describe): ……………...

**Black or Black British**

☐African ☐Caribbean

☐Any other Black background (please describe): ……………...

**Chinese or other ethnic group**

☐Chinese

☐Other ethnic group (please describe): …………….

**Mixed Heritage**

☐White and Black Caribbean ☐White and Black African

☐White and Asian

☐Any other Mixed background (please describe):..............

**White**

☐British ☐English ☐Irish

☐Welsh ☐Scottish

☐Any other White background (please describe):..........

**☐Prefer not to say**

**Sex**

☐Female ☐Male ☐Other (please describe)..........

☐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 to 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

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

………………...

**Sexual Orientation**

☐Bisexual ☐Gay man ☐Lesbian/Gay woman

☐Heterosexual/straight ☐Other

☐ Prefer not to say

**Religion**

☐Baha’i ☐Buddhist ☐Christian ☐Hindu

☐Jain ☐Jewish ☐Muslim ☐Sikh

☐No religion ☐Other (please specify)................................

☐Prefer not to say