



Office Use
 Ref No:
 Date Rec:

Equal Opportunities Monitoring Form

Shropshire Housing Group is committed to a policy of Equality of opportunity and aims to provide a working environment which is free from unfair discrimination and will enable staff to fulfil their personal potential. We aim to ensure that no individual is unjustifiably discriminated against on the basis of gender or marital status, race, ethnic or national origin, disability, religious or political beliefs, sexual orientation, age, family circumstance or other irrelevant distinction.

Data Protection Act 1998: The information is requested to enable Shropshire Housing group to monitor its employment decisions and meet statutory obligations.

In order to monitor the effectiveness of our policies and procedures and how well we meet our legal requirements all applicants are requested to complete this form. The information you provide will be treated as STRICTLY CONFIDENTIAL and will be used only for EQUAL OPPORTUNITIES PURPOSES. It WILL NOT be taken into consideration for short listing or interviewing purposes. If you are appointed the information will be transferred to your personnel record to enable us to meet monitoring requirements. The information WILL NOT be relevant or disclosed in consideration for salary progression, promotion, or training and development.

Surname:..... Telephone Number (Home):.....

Forename(s):..... Telephone Number (work):.....

D.O.B:..... Age:..... Dependants:.....

Address:..... Post applied for:.....

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Where did you see the post advertised (If in a newspaper please state which one)?

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Please answer the questions overleaf

Please indicate your response by ticking the appropriate box.

Sex:

- Male Female

Marital Status:

- Single Divorced
 Married Widowed
 Separated Co-Habiting
 Civil Partnership

How would you describe your ethnic origin?

- | | |
|---|---|
| <input type="checkbox"/> White: British | <input type="checkbox"/> Asian/Asian British: Pakistani |
| <input type="checkbox"/> White: Irish | <input type="checkbox"/> Asian/Asian British: Bangladeshi |
| <input type="checkbox"/> White: Other | <input type="checkbox"/> Asian/Asian British: Other |
| <input type="checkbox"/> Mixed: White and Black Caribbean | <input type="checkbox"/> Black/Black British: Caribbean |
| <input type="checkbox"/> Mixed: White and Black African | <input type="checkbox"/> Black/Black British: African |
| <input type="checkbox"/> Mixed: White and Asian | <input type="checkbox"/> Black/Black British: Other |
| <input type="checkbox"/> Mixed: other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian/Asian British: Indian | <input type="checkbox"/> Other (please state) |

Sexual Orientation (Completion of this section is optional)

- Heterosexual Homosexual Bisexual

Do you consider yourself to have a disability?

- Yes No

If yes, is there anything that we could do to help accommodate you?

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Thank you for your assistance – please place this form in the separate envelope provided. Do not put anything other than the monitoring form in the envelope.