EQUAL OPPORTUNITIES MONITORING

|  |  |
| --- | --- |
| **POSITION APPLIED FOR:**  | **REF NO: P/01/23** |

Southern Area Hospice Services is committed to equal opportunities for all, irrespective of race, colour, ethnic origins, religion, politics, gender, marital status, sexuality, disability, or age. So that we can monitor the implementation of our policy and where relevant conform with appropriate legislation, we are seeking your help. It would be of great assistance in pursuing our commitment to equal opportunities if you would complete this monitoring form. This information will be treated confidentially and will be used only for the purpose of monitoring our applicants and workforce.

**PERSONAL DETAILS**

**DATE OF BIRTH ------/------/------ GENDER Male □ Female □**

**DISABILITY**

The Disability Discrimination Act 1995 defines a person as having a disability if he or she has or has had a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

**1. Do you have a Disability? YES □ NO □**

**2. If yes, please indicate the nature of your disability by ticking the appropriate box(es).**

**Mobility □ Manual Dexterity □**

**Vision □ Memory, Learning or Concentration □**

**Hearing □ Physical Co-Ordination □**

**Speech □ Continence □**

**Ability to lift or carry □ Perception of the risk of physical danger □**

**Severe Disfigurement □ Other (please specify below) □**

**3. If you have a disability, are there any practical steps that we might consider taking which would assist you in carrying out your duties? (Continue on a separate sheet if necessary).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ETHNIC ORIGIN**

Race discrimination law outlaws’ discrimination (including harassment) in recruitment and employment on grounds of colour, race, nationality and ethnic or national origins.

**White European □ Black African □ Mixed Ethnic Group □**

**Chinese □ Bangladeshi □ Indian □**

**Pakistani □ Irish Traveller □ Black Caribbean □**

**Other □**

**RELIGIOUS AFFILIATION/COMMUNITY BACKGROUND**

Please indicate your perceived religious affiliation/community background by ticking one of the boxes below:

**Protestant □ Roman Catholic □ Neither □**

By completing and returning this monitoring form you consent to Southern Area Hospice Services using and keeping information about you provided by you relating to your application or future employment. Such information may include details relating to your community background, ethnic origin, or any disability.