|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal Opportunities Monitoring Data**The following monitoring information is used to ensure that recruitment procedures do not lead to discrimination and that legal and other requirements are met. It is separated from your completed form, so you cannot be identified, and will play no part in the selection process. A full copy of our Cultural Diversity and Equal Opportunities Policy is available on request. Please return this form by email to recruitment@hqip.org.uk . Your answers will be kept strictly confidential.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date today? |  D |  D |  M |  M |  Y |  Y |  Y |  Y |  |  |  |  |  |  |  |  |
| Male/Female? |  M |  |  F |  |
| Single/Married/Divorced/Widowed? |  S |  |  M |  |  D |  | W |  |
| Date of Birth? |  D |  D |  M |  M |  Y |  Y |  Y |  Y |  |  |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Ethnic origin**Which of the following best specifies your ethnic origin? Please tick one. The categories used are those recommended by The Commission for Racial Equality.□ Arabic □ Indian□ Black African □ Bangladeshi□ Black Caribbean □ Pakistani□ Black - other (please specify) .............................. □ White□ Chinese □ Irish□ Other (please specify) ………………....................................□ Prefer not to say**Disability Status**Do you have a disability? (The Disability Discrimination Act 1995 defines disability as ‘a physical or mental impairment which has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities?’) YES NO If yes, please specify ............................................................................................................................................ |