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**Equal Opportunities Monitoring Form**

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| BYMT is committed to providing equality of opportunity, irrespective or race, colour, ethnic or national origins, gender, marital status, sexual orientation, age, disability, religious beliefs, political beliefs, economic status or class. In order to help us ensure our policy is being carried out it would help if you would complete the following details so that we can monitor applications. This form is confidential and will be kept separately from your application and will not been seen by those responsible for shortlisting or interviewing applicants. You can decline to fill this form in, with no consequences to your application.Thank you for your assistance.  |

1. **What is your age?**
	* 16-24 [ ]
	* 25-29 [ ]
	* 30-34 [ ]
	* 35-39 [ ]
	* 40-44 [ ]
	* 45-49 [ ]
	* 50-54 [ ]
	* 55-59 [ ]
	* 60+ [ ]
2. **How would you describe your gender?**Click or tap here to enter text.

Prefer not to say [ ]

1. **How would you describe your sexual orientation?**Click or tap here to enter text.

Prefer not to say [ ]

1. **How would you describe your ethnicity?**
* Asian - Bangladeshi [ ]
* Asian – Indian [ ]
* Asian – Pakistani [ ]
* Asian – Chinese [ ]
* Any other Asian background [ ]  Please specify: Click or tap here to enter text.
* Black - Caribbean [ ]
* Black - African [ ]
* Any other Black background [ ]
* Mixed - White and Black Caribbean [ ]
* Mixed - White and Black African [ ]
* Mixed - White and Asian [ ]
* Any other mixed background [ ]  Please specify: Click or tap here to enter text.
* White – English [ ]
* White - Irish [ ]
* White – Scottish [ ]
* White - Welsh [ ]
* Any other White background [ ]  Please specify: Click or tap here to enter text.
* Any other ethnic background [ ]  Please specify: Click or tap here to enter text.
* Prefer not to say [ ]

1. **Do you consider yourself to have a disability?**

The Equality Act 2010defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Yes [ ]  No [ ]  Prefer not to say [ ]

1. **Please indicate where you heard about this post:**
* BYMT website [ ]
* Online publication/job board [ ]  Please specify: Click or tap here to enter text.
* Social media [ ]
* Other [ ]  Please specify: Click or tap here to enter text.