



FindersKeepers™

Equal Opportunity Monitoring

Position applied for:.....

The company recognises that many people are reluctant to give the personal information requested below. However, we are striving to be an Equal Opportunities employer, and the aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

All employees are given equal opportunity and are encouraged to progress within the organisation.

The form is entirely voluntary and the information used for monitoring purposes only. You are not obliged to answer all questions, but obviously the more information you supply the more effective our monitoring will be. All information will be treated in the strictest confidence. Your co-operation in its completion is welcome and helpful.

Date of Birth:.....

I consider my ethnic origin to be: (Tick appropriate box)

- | | |
|---|--|
| <input type="checkbox"/> African | <input type="checkbox"/> European |
| <input type="checkbox"/> Afro/Caribbean | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Not disclosed |

Sex

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Disability

The Disability Discrimination Act defines a 'disabled person' as a person with 'A physical or mental impairment, which has a substantial or long term adverse effect on their ability to carry out normal day to day activities'. The following information is sought primarily to determine any help you may require at the interview stage and for monitoring purposes.

Do you consider yourself to have a disability?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Decline to Specify |
|------------------------------|-----------------------------|---|

Name:..... **Signed:**.....

Date: