**EQUAL OPPORTUNITIES MONITORING FORM**

The Coin Street Group is committed to an equal opportunity policy in employment. To ensure the effectiveness of this policy, it would be of great assistance to us if you could provide the following information. All information gained in this way will be entirely confidential and will be used for monitoring purposes only; if you do not complete this form, it will in no way prejudice the success of your application.

|  |  |
| --- | --- |
| Name and Surname |  |
| Position applied for |  |
| Where did you see this post advertised |  |
| Your date of birth |  |

**Gender**

Male

Female

**Gender identity**

Is your gender identity the same as the gender you were assigned at birth?

Yes

No

Prefer not to say

**Sexual Orientation**

What is your sexual orientation?

Heterosexual

Bisexual

Gay man

Lesbian

**Marital status**

How would you best describe your marital status?

Married

Civil Partnership

Co-habiting

Single

Divorced

**Ethnic origin**

How would you describe your ethnic origin:

*(please note that this question does not refer to your nationality/ country of origin)*

**White**

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Other White Background - Please describe:

**Mixed/Multiple ethnic Groups**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed/multiple ethnic background  - Please describe:

**Asian/Asian British**

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background- Please describe:

**Black/African Caribbean/Black British**

African

Caribbean

Any other Black/African Caribbean background - Please describe:

**Other ethnic Group**

Arab

Other ethnic group  - Please describe:

**Religion/Belief**

What is your religion or belief?

No religion/belief

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other religion - Please describe:

Other belief- Please describe:

**Disability**

Do you consider yourself to be disabled?

Yes

No

If your answer was **Yes**, please specify the nature of your disability:

Communication

Mobility

Hearing

Physical

Learning

Visual

Mental Health

Other - Please describe:

Please give further details if you wish:

|  |
| --- |
|  |

*Thank you for completing this form.*