**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.*