

The Elfrida Society

Equal Opportunities Monitoring

Completing this form is optional. However this information is important in helping us to monitor our Equal Opportunities policy and practice.

For existing staff give job title, for applicants give the job you are applying for.

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Tick whichever applies

Female

Male

Please tick the description which best describes you, or write your own description after 'other'. If you are of mixed parentage, choose whichever description you prefer.

<input type="checkbox"/>	Asian	<input type="checkbox"/>	Greek / Greek Cypriot
<input type="checkbox"/>	Asian - Other	<input type="checkbox"/>	Turkish / Turkish Cypriot
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Irish
<input type="checkbox"/>	Indian	<input type="checkbox"/>	Jewish
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Latin American
<input type="checkbox"/>	Black - African	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>	White – English/Scottish/welsh
<input type="checkbox"/>	Black - British / European	<input type="checkbox"/>	White - European
<input type="checkbox"/>	Black - Other	<input type="checkbox"/>	White – Other
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other – please describe below
<input type="checkbox"/>		<input type="checkbox"/>	

If you wish, give your country of origin

Do you consider yourself to be a disabled person? Yes / No

Do you consider yourself to be a person with a learning difficulty? Yes / No

(For applicants only) What, if any, special help would you need?

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Date:

The information on this form is confidential and will be kept separated from your application form