

Equalities Monitoring Form

At OAKonsult, we are committed to equal opportunities in employment procedures. In order to assess how well our equal opportunities policy is working, we monitor the process of staff selection and your co-operation in completing this form would be greatly appreciated.

Any information provided will be treated as confidential, stored and used in accordance with the Data Protection Act 1998 for the purpose of equal opportunities monitoring only. It is not mandatory to complete the questions below, but doing so will help us assess our effectiveness.

Please e-mail completed form back to us separately at: info@oakonsult.org

| Applying for | | | Data | | | | | |
|--|---------------------------|---------------------------|--------------------------------|----------------------|-------------|------------|--|--|
| Applying for: | | | Date | | | | | |
| | | | | | | | | |
| NATIONALITY | | | | | | | | |
| | ribe your nationality? | | | | | | | |
| , | | | | | | | | |
| | | | | | | | | |
| ETHNICITY | | | | | | | | |
| (It is about the group to wh | | | | | ī | | | |
| □Arab | □Black African | ☐Gypsy or Irish Traveller | | | | | | |
| ☐ Asian/ Asian British | □Black British | | | ☐Mixed Other | | | | |
| □ Asian Bangladeshi | □Black Caribbean | | | ☐Mixed White & Asian | | | | |
| ☐ Asian Chinese | | | ☐Mixed White & Black African | | | | | |
| □Asian Indian | | | ☐Mixed White & Black Caribbean | | | | | |
| □Asian Pakistani | , | | □White | | | | | |
| ☐Asian Other | | | □White Britis | h | | | | |
| | | | □White Irish | | | | | |
| | | | □White Othe | r | | | | |
| AGE GROUP | | | | | | | | |
| □16 – 24 | □24 – 34 | □35 – 44 | □45 – 54 | | | | | |
| □55 – 64 | □65 & Over | □Prefer not say | □ +0 0+ | | | | | |
| □00 04 | | □1 Total flot day | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| DISABILITY | e 1. 1.1.0 (1 . | | | | | " | | |
| (The Equality Act 2010 de person's ability to carry ou | | | ent which has a sub | stantial and | l long-term | enect on a | | |
| percent demity to earry ea | Thomas day to day douvin | ., | | | | | | |
| Do you consider you h | ave a disability, impairm | ent, learning differen | ce or long-term co | ndition? | □Yes | □No | | |
| | | | | | | | | |
| If yes, please specify fro | | | as applicable: | | | | | |
| ☐General learning disa | | , | | | | | | |
| ☐A long-standing illnes | | | | lisease or | epilepsy | | | |
| ☐A specific learning diff | • | | | | | | | |
| | ation impairment such a | | | pectrum di | isorder | | | |
| ☐A mental health condi | | | | | | | | |
| ☐A physical impairment | - | n as difficulty using a | rms, or using a who | elchair or | crutches. | | | |
| ☐Deaf or serious hearing | • . | | | | | | | |
| ☐Blind or serious visua | | | | | | | | |
| ☐A disability, impairmer | nt or learning difference | not listed above. | | | | | | |
| □Prefer not to say | | | | | | | | |



| (Please select your gender as stated in your passport) | | | | | | | | | | | |
|--|--|--------------------------------------|-----------------|---------------------------|--------------------------|--|--|--|--|--|--|
| □Female | □Male | □Prefer not say | □Prefer not say | | □Prefer to self-describe | | | | | | |
| Is your gender ide | ntity same as sex registere | ed at your birth? | □Yes | □No | □Prefer not to say | | | | | | |
| SEXUAL ORIEN Which of the following | FATION ing best describes your se: | xual orientation? | | | | | | | | | |
| □Bisexual □Gay/Lesbian □Pansexual | | □Straight/Hetero □Prefer not to s | | | | | | | | | |
| RELIGION Which of the following | ing best describes your reli | igion? | | | | | | | | | |
| □Agnostic □Hinduism □No Religion | □Atheist □Islam □Prefer not to say | □Buddhism □Judaism | | ⊒Christianity ⊒Sikhism | y | | | | | | |