# Equal Opportunities Monitoring Form

SCAN is an equal opportunities employer and will ensure that no job applicant, volunteer, trainee or employee receives less favourable treatment particularly on the grounds of gender identity, ethnicity, nationality, disability, sexuality, age, religious belief or responsibility for dependants.

Please complete and return this form with your application. The information will help SCAN monitor its recruitment and selection processes and will form part of the training record of any successful applicant. This information will be treated in the strictest confidence and will be separated from the rest of the documents when your application is considered. Please tick the appropriate boxes and/or complete relevant sections. You may leave any sections blank if you do not wish to answer a question.

1. Gender – I describe myself as: (please describe your gender in your own words)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 I prefer not to say

1. Age – I am: (please tick one)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 🞎 13-16 🞎 16-19 | 🞎 20-29 | 🞎 30-39 |  🞎 40-49 | 🞎 50-59 | 🞎 60+ | 🞎 I prefer not to say |

1. Ethnic Origin – I describe myself as: (please describe your ethnicity in your own words)

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 I prefer not to say |  |  |  |

1. Sexual Orientation – I describe myself as: (please tick one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞎 Bisexual | 🞎 Gay | 🞎 Heterosexual | 🞎 Lesbian  | 🞎 I prefer not to say |

🞎 In your own words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Disability – I describe myself as disabled: (please tick one)

|  |  |  |
| --- | --- | --- |
| 🞎 yes | 🞎 no | 🞎 I prefer not to say |

1. Religion or Belief – Do you have a religion or belief? (please tick one)

|  |  |  |
| --- | --- | --- |
| 🞎 yes (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 no | 🞎 I prefer not to say |

1. How did you hear about the post or role?

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Post/Role Applied For |  | Date |  |