**Equal Opportunities Monitoring Form**

The Broads Authority operates a policy of equal opportunity and will not discriminate against any person on the grounds of gender, gender reassignment, age, disability, marital status, sexual orientation, religion or belief, pregnancy and maternity or ethnic origin. To enable us to monitor equal opportunities please can you provide the details listed below.

This information will only be used for the monitoring of equal opportunities and will be separated from your application form. The information you provide will be treated in the strictest of confidence.

**Department/Post applied for: ………………………………………………………………………………..**

**1. Gender** Male Transgender

Female

**2. Marital Status** Married/Civil Partner  Single

Divorced Partner

**3. Age** 16-21  22-30

31-40  41-50

51-60  60+

**4. Ethnic origin**

How would you describe your ethnic origin? Choose ONE section from a) to e), then tick the appropriate box to indicate your cultural background.

**a) White**

British

Irish

Scottish

Welsh

Prefer not to disclose

Any other White background (please specify)

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**b) Mixed**

White and Black Caribbean

White and Black African

White and Asian

Prefer not to disclose

Any other Mixed background (please specify)

**c) Asian or Asian British**

Indian

Pakistani

Bangladeshi

Prefer not to disclose

Any other Asian background (please specify)

**d) Black or Black British**

Caribbean

African  
 Prefer not to disclose

Any other Black background (please specify)

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**e) Chinese or other ethnic group**

Chinese  
Prefer not to disclose

Any other (please specify)

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**5. Religion or Belief**

None

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Prefer not to disclose

Any other religion (please specify)

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**6. Sexual Orientation**

Heterosexual  Gay woman  Bisexual

Gay man  Prefer not to disclose

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**7. Disability**

Do you consider yourself to have a disability, defined by the Equality Act 2010 as a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?

Yes  No

If yes, please state briefly the nature of your disability.