



EQUAL OPPORTUNITIES MONITORING FORM

This information will be separated from your application form upon receipt. It is not part of your application and will not be used in any part of the selection process. FeelCare strives to be an equal opportunities employer and has a clear policy in terms of challenging discriminatory practices. In order to have accurate information about our performance we would be grateful if you would complete this monitoring form and return it with your application form. The information will be stored anonymously and confidentially.

Position applied for

I. Ethnicity

Please use 'X' to mark your answer

Asian or Asian British		Mixed
	Bangladeshi	White and Black Caribbean
	Indian	White and Black African
	Pakistani	White and Asian
Any other Asian background (please specify)		Any other mixed background (please specify)
Black or Black British		White
	African	British
	Caribbean	Irish
Any other Black background (please specify)		Any other White background (please specify)
Chinese		Other ethnic group
	Chinese	Other ethnic group (please specify)
If you would like to further describe your ethnicity, please do so here:		
	Prefer not to say	

2. Age

Please use 'X' to mark your answer

	16 - 24	49 - 56
	25 - 33	57 - 65
	34 - 40	66 - 70
	41 - 48	Over 70
	Prefer not to say	

3. Religion and belief

Please use 'X' to mark your answer

Christian	Buddhist
Hindu	Jewish
Muslim	Sikh
No religion	Other
Prefer not to say	

4. Gender

How would you describe your gender?

Please use 'X' to mark your answer

Male	Female
If you would prefer to use your own term please provide it here	
Prefer not to say	

5. Gender Identity

Is your gender identity the same as the gender you were assigned at birth?

Please use 'X' to mark your answer

Yes	No
Prefer not to say	

6. Sexual orientation

Please use 'X' to mark your answer

Heterosexual	Gay man
Gay woman/lesbian	Bisexual
Prefer not to say	

7. Do you consider yourself to be a person with a disability?

Equality Act 2010 a person is classified as disabled if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities.

Please use 'X' to mark your answer

Yes	No
Prefer not to say	

8. Are you a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Please use 'X' to mark your answer

Yes	No
Prefer not to say	