

EQUAL OPPORTUNITIES MONITORING FORM – VOLUNTARY INFORMATION

You do not have to complete this section if you would prefer not to. However, this information is very valuable to us in monitoring fairness of our recruitment and selection procedure.

We would like you to complete the following questionnaire as fully as possible in order for us to monitor whether our policy on Equal opportunities is being met. The information you give below is confidential and will be used for this purpose only.

Equal Opportunities Statement

Helping Hands 'Allcare' Ltd is committed to providing services which embrace diversity and which promote equality of opportunity. As an employer we are also committed to equality and valuing diversity within our workforce. Our goal is to ensure that these commitments, reinforced by our values, are embedded in our day to day working practices with all our service users and colleagues.

Thank you for your assistance in completing this form.

Gender:	Female	Male	
Age:	Under 18	18 - 24	
	25 – 34	35 – 44	
	45 – 54	55 - 64	
	65 – 74	75+	
Sexual Orientation	Heterosexual	Homosexual	
	Bisexual	Transsexual	
	Undergone Gender Reassignment	Prefer not to say	
Race/Nationality/Ethnic Origin	White	English	Scottish
		Welsh	Irish
		British	Other white Background (please state)
	Mixed	White and Black Caribbean	White and Black African
			White and Black British
Other Mixed Background (please state)			

	Asian		Indian	Pakistani
			Bangladeshi	British
			Other Asian Background (please state)	
	Black		Caribbean	African
			British	Other black background (please state)
	Chinese			
	Other ethnic group (please state)			
	Prefer not to say			
Religion	Christian		Catholic	
	Jewish		Sikh	
	Muslim		Hindu	
	Buddhist		Rastafarian	
	None		Other Religion	
	Prefer not to say			

Disability:		
Do you consider you have a disability:	Yes	No
Please describe your disability		
Are you registered Disabled:	Yes	No
REGISTRATION NUMBER:		

For the purpose of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Print Name: Signature:

Date: