

Equal Opportunities Monitoring Form

Strictly Confidential

Bonnington House Nursery is an equal opportunities employer. All applications are assessed against the job and person specifications for the stated position. We do not discriminate on the grounds of disability, race, religion or belief, marital or civil partnership status, gender, gender reassignment, age, sexual orientation, sex, ethnic or national origins, pregnancy or maternity, or family responsibility.

The equality information asked for in this form is in line with definitions and requirements of the Equality Act 2010 and Scotland's Census 2011.

You have the right not to disclose any information requested in this form and its completion is not compulsory. If you do not wish to answer one or more questions please simply tick the appropriate box(es). Please return the form, even if you choose not to answer one or more questions, as by completing the form you are helping us to monitor the effectiveness of our equality policies and staff training. Your answers will be treated in strictest confidence, will not be divulged to any person involved in the recruitment process and will not affect your job application or any future opportunities in any way.

Please return this form with your application form or, if you wish to remain anonymous, you may return this form in a separate envelope.

Interview requirements

Do you require any special facilities/arrangements at interview? Yes /No

If you indicate yes, we will discuss these requirements with you if you are selected for interview

GENDER

Please confirm your gender by ticking one of the boxes below:

Male Female

I consider myself to be transgender

I prefer not to answer this question

AGE

Please indicate your age group by ticking one of the boxes below:

Under 21 41 – 50

21 – 30 51 – 60

31 – 40 Over 60

I prefer not to answer this question

DISABILITY

The Equality Act 2010 defines disability as a “physical or mental impairment that has a substantial and long term adverse effect on a person’s ability to carry out normal day-to-day activities”.

Please indicate if you regard yourself as having a Disability

Yes No

If yes, please indicate which category your disability falls into:

Physical Disability

Mental health condition

Learning Disability

Learning Difficulty

Developmental disorder

Visual Impairment

Hearing Impairment

Long term illness, disease or condition

Other Please state: _____

I prefer not to answer this question

ETHNIC GROUP

Please tick one box which best describes your ethnic group or background.

White

Scottish

Other British

Irish

Polish

Other White background Please state: _____

Mixed or multiple ethnic groups

Any mixed/multiple ethnic group Please state: _____

Asian, Asian Scottish or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Other Please state: _____

African

African

Other Please state: _____

Caribbean or Black

Caribbean

Black

Other Please state: _____

Other ethnic group

Arab

Any other background Please state: _____

I prefer not to answer this question

SEXUAL ORIENTATION

Please indicate your sexual orientation by selecting one of the options below:

Bisexual

Gay man

Gay woman / lesbian

Heterosexual / straight

Other

I prefer not to answer this question

RELIGION OR BELIEF

Please indicate your religion by selecting one of the options below:

None

Church of Scotland

Roman Catholic

Other Christian Please state: _____

Buddhist

Hindu

Jewish

Muslin

Sikh

Other Please state: _____

I prefer not to answer this question:

I do not wish to complete any questions in this form