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| Sutton Carers’ Centre is committed to the successful development of an Equal Opportunities Policy and to opposing all forms of discrimination including that based on legally protected characteristics such as age, disability, gender reassignment, race (including colour, nationality, and ethnic or national origins), religion or belief, sex, sexual orientation, marriage or civil partnership, pregnancy and maternity and caring roles. This list is not exhaustive.  Staff are selected on their merit, ability and aptitude for the work. In order to monitor the effectiveness of our Equal Opportunities Policy, Sutton Carers’ Centre requests that all applicants complete this form. In accordance with the Data Protection Act 2018, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only and may inform improvements to our Equal Opportunities Policy |
| ***What is your ethnicity?***  *Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:*  ***White***  *English Welsh Scottish Irish British Prefer not to say*  *Any other white background, please write in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***Mixed/multiple ethnic groups***  *White and Black Caribbean White and Black African White and Asian*  *Prefer not to say*  *Any other Mixed/Multiple ethnic background, please write in:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Asian/Asian British***  *Indian Pakistani Bangladeshi Chinese Prefer not to say*  *Any other Asian background, please write in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| ***Black/African/Caribbean/Black British***  *African Caribbean Prefer not to say*  *Any other Black/African/Caribbean background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***Other ethnic group***  *Arab Prefer not to say*  *Any other ethnic group, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Do you consider yourself to have disability or health condition?**  Yes No Prefer not to say  What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, please call 020 8296 5611 to discuss |
| **What best describes your gender?**  Female Male Prefer not to say Prefer to self-describe |
| **Is your gender identity the same sex as the sex you were assigned at birth?**  No Yes Prefer not to say |
| **What is your sexual orientation?**  Heterosexual Gay woman/lesbian Gay man Bisexual  Prefer not to say If other, please write in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What is your religion or belief?**  No religion or belief Buddhist Christian Hindu Jewish  Muslim Sikh Prefer not so say  If other religion or belief, please write in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Do you have caring responsibilities? If yes, please tick all that apply**  None  Primary Carer of a child/children (under 18)  Primary carer of a disabled child/children  Primary carer of a disable adult (18 or over)  Primary carer of an older person  Secondary Carer (another person carries out the main caring role)  Prefer not no to say |
| **Would you like to make any further comments or add any additional information?** |