\* PRIVATE & CONFIDENTIAL \*

EQUALITIES MONITORING FORM

In accordance with our policy on equalities and diversity in employment, SWEDA will provide equal opportunity to any employee or job applicant and will not discriminate either directly or indirectly on the grounds of: age, disability, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, race including colour, nationality or national origin, religion or belief, sex and sexual orientation

In order to assess how successful this policy is, we have set up a system of monitoring all job applications. We would therefore be grateful if you would complete the questions on this form. We have asked for your name to enable us to monitor applications at shortlisting and appointment as well as application stage.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes. Thank you for your assistance.

|  |
| --- |
| Post title: |
| **Therapeutic Support Worker - Bristol** |
| Full name: |
|  |
| 1. Gender:  |
|  |
| 2. Date of Birth: |
|  |
| 3. Marital/Civil Partnership status:  |
|  |
| 4. Do you have responsibility for dependants? (Dependants relates to children, or elderly or other persons for whom you are the main carer.) |
|  |
| 5. Do you consider yourself disabled? |
|  |
| 6. Sexual orientation? |
|  |
| 7. Race including colour, nationality, ethnic or national origin?) |
|  |
| 8. Religion or Belief? |
|  |
| 9. Are you pregnant or breastfeeding? |
|  |
| Data protection: Information from this application may be processed for purposes registered by the Employer under the Data Protection Act 1998. Individuals have, on written request [and on payment of a fee] the right of access to personal data held about them.I hereby give my consent to SWEDA processing the data supplied in this form for the purpose of recruitment and selection.**SIGNATURE**…………………………………………………………………… **DATE**……………………………………………………… |