



LARBHEY EVANS

EQUAL OPPORTUNITIES FORM

Larbey Evans operates an equal opportunity policy. To help us monitor the effectiveness of this policy you are requested to complete this form and return it with your application form. A statement of our equal opportunity policy is included in the recruitment pack. This monitoring form will be detached from your application form and will be kept separately from the information to be used in the selection process.

[* Certain details are necessary for the monitoring process to be effective but it is not generally considered necessary or desirable to request the name of an individual if the process is to be seen to be purely for the purposes of monitoring your equal opportunities policy.]

*** NAME:**

REFERENCE NUMBER (Internal use only):

POSITION APPLIED FOR:

1) Ethnic Category

The following categories are based on those used in the 2011 census as recommended by the EHRC. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

How would you describe your national identity? (Please tick a box below)

- English
- British
- Welsh
- Scottish
- Northern Irish
- Other
- Prefer not to disclose

Please tick the box below which best describes the ethnic category to which you belong:

A. White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Any other White background

B. Mixed / multiple ethnic groups – please also tick one of the boxes below:

- White and Black Caribbean

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<p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other mixed / multiple ethnic background</p> <p>C. Asian / Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background – please specify:</p> <p>D. Black / African / Caribbean / Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black / African / Caribbean background – please specify:</p> <p>E. Other ethnic group</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic background – please specify:</p> <p>F.</p> <p><input type="checkbox"/> Prefer not to disclose</p>
<p>2) Gender: (Please tick the appropriate box)</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to disclose</p>
<p>3) Disability:</p> <p>Please state if you have any long-term physical or mental condition that affects your ability to carry out day-to-day activities. (Advice can be obtained from the EHRC 0845 604 6610):</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to disclose</p>
<p>4) Age: (Please state your age)</p> <p>Age.....</p> <p>Date of Birth / / DD/MM/YY</p> <p><input type="checkbox"/> Prefer not to disclose</p> <p style="text-align: right;">REC Copyright 2013©</p>

Thank you for completing this form.