

**Equal Opportunities Monitoring Form**

In accordance with its equal opportunities statement, the Diocesan Board of Finance (DBF) will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly on the grounds of race, colour, ethnic origin, nationality, national origin, sex, marital status, disability, sexual orientation, religion or age.

You may of course, decide not to answer one or any of these questions but if you do respond, all information will be treated in confidence and will be used solely by the DBF for the purpose of providing statistics for equal opportunity monitoring.

The front page and monitoring form do not form part of your application and will therefore be detached from it on receipt and stored separately.

**Thank you for your assistance in completing this form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E Gender** Man Woman Intersex Non-binary Prefer not to say  If you prefer to use your own term, please specify. | | | | |
| **Age** 16-24 25-29 30-34 35-39 40-44 45-49 50-5455-59 60-64 65+ Prefer not to say | | | | |
| **Are you married or in a civil partnership**  Yes □ No □ Prefer not to say □ | | | | |
| **Race, Nationality, Ethnic Origin** *(Please Tick as appropriate)* | | | | |
| *White*  Welsh □ English □  Irish □ Scottish □  Other white background (please specify) | *Mixed*  White and Black Caribbean □ White and Asian □  White and Black British □ White and Black African □  Other mixed background (please specify) | | | |
| *Asian*  Indian □ Pakistani □  Bangladeshi □ British □  Other Asian background (please specify) | *Black*  Caribbean □ African □  British □  Other black background (please specify) | | | |
| **What is your sexual orientation?**  Heterosexual GayLesbianBisexualPrefernottosay  If you prefer to use your own term, please specify here | | | | |
| **Religion or belief**  Please state preferred religion or belief | | | | |
| **Do you consider yourself to have a disability or health condition?**  Yes No Prefer not to say  Please give brief details of the effects of your disability or health condition on your day-to-day activities, and any other information that you feel would help us accommodate your needs during your interview/assessment and thus meet our obligations under the Equality Act 2010: | | | | |
| **Welsh Language**  Are you a Welsh speaker Yes No Learner | | | | |
| **Do you have caring responsibilities? If yes, please tick all that apply**  None  Primary carer of a child/children (under 18)  Primary carer of disabled child/children  Primary carer of disabled adult (18 and over)  Primary carer of older person  Secondary carer (another person carries out the main caring role)   Prefer not to say  | | | | |
| **Where did you see the advertisement for this post?** | | | |
| **REFERENCES** | | |
| Please supply the names, addresses, telephone numbers and email addresses of two referees, one of which must be your present employer. If you are not currently in employment, please include your last employer. You should note that any of your previous employers may be contacted for a reference.  **UNLESS YOU INDICATE TO THE CONTRARY, REFERENCES WILL BE REQUESTED FOR SHORTLISTED CANDIDATES PRIOR TO INTERVIEW**. | | |
| Name:  Post:  Address:  Post Code:  Tel No:  E-mail: | | Name:  Post:  Address:  Post Code:  Tel No:  E-mail: |

|  |
| --- |
| **CONVICTIONS** |
| Have you ever been convicted of a criminal offence? If so please give details of any unspent convictions.  Spent convictions do not have to be declared as the job is not one covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. |
|  |

|  |
| --- |
| **DECLARATION** |
| I declare that the information set out in this application form is true in all respects and I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or if I have already been appointed, I may be dismissed. I am also aware that canvassing of Members OR Employees of the Representative Body will disqualify me.  I hereby give my consent to the Organisation processing the data supplied on this application form for the purpose of recruitment and selection.  **Signed:**  **Date:** |
| Data Protection Act 1998 – Information provided by you will be held and automatically processed as data on a computer system. The Trust will take all reasonable precautions to ensure its confidentiality and to comply with the principles contained in the Act. |