

**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**

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| **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 □ Gay□Lesbian□Bisexual□Prefernottosay  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 | |