

EQUAL OPPORTUNITIES MONITORING FORM

STRICTLY CONFIDENTIAL

CVS Brent aims to be an equal opportunities employer. To help us monitor the effectiveness of our Equality & Diversity and Recruitment Policies we would like you to complete this form. The information given will be kept strictly confidential and only for monitoring purposes. If you choose to complete it, any information given will be treated in the strictest confidence and separated from your application.

Please select the appropriate boxes. You can select the 'prefer not to say' option if you would rather not answer any question in this section.

Position applied for:	
How did you hear of this post?	

1. Gender: What is your gender?

Woman
 Man
 Non-binary
 Intersex
 Prefer not to say

If you prefer to use your own term, please specify here:

2. Sexuality: What is your sexual orientation?

Heterosexual
 Gay
 Lesbian
 Bisexual
 Prefer not to say

If you prefer to use your own term, please specify here:

3. Age: Please select the appropriate box.

Under 25
 25–34
 35–44
 45–54
 Over 55

4. Ethnicity: Please select the appropriate box to indicate your ethnic background.

Asian or Asian British	Black or Black British	White	Mixed	Other ethnic groups
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> African	<input type="checkbox"/> British	<input type="checkbox"/> White/Black Caribbean	<input type="checkbox"/> Arab
<input type="checkbox"/> Chinese	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Irish	<input type="checkbox"/> White/Black African	<input type="checkbox"/> Other ethnic group, please specify:
<input type="checkbox"/> Indian	<input type="checkbox"/> Other Black background, specify:	<input type="checkbox"/> Gypsy/ Traveller	<input type="checkbox"/> White/Asian	
<input type="checkbox"/> Pakistani		<input type="checkbox"/> Other White background, specify:	<input type="checkbox"/> Other Mixed background, specify:	
<input type="checkbox"/> Other Asian background, specify:				

5. Disability: A disabled person, under the Equality Act 2010, has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. **Do you consider yourself to have a disability?**

- Yes No Prefer not to say

If 'Yes', please describe the nature of your disability:

Please note that this information is requested for monitoring purposes only. If you need any reasonable adjustments, these will be arranged separately.

Thank you for completing this form. It will be filed separately from your application.