

Equal Opportunities Monitoring Form



House of Illustration is an Equal Opportunities employer. We require all candidates to complete and return a monitoring form when applying for jobs, placements and voluntary positions so that we can collect and analyse data on the people reached through our recruitment processes.

Information is anonymous and will be used to identify inequalities to enable us to take action to tackle them. Completed forms are separated from application forms on receipt.

In addition to the nine “protected characteristics” (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Sex [formerly Gender], Race, Religion or Belief and Sexual Orientation) identified in the Equality Act 2010, we have added categories of Refugees and Asylum Seekers and Language in order to better reflect the full diversity of the UK.

We would be grateful if you could take a little time to complete and return this form. Please go through it and tick all the categories that most accurately describe you.

The anonymous information you provide on this form will be held in the strictest confidence and will be used for the purpose stated above. We will be offering guaranteed interviews for those who meet the essential criteria and identify as disabled and/or from a BAME background. **This will be indicated separately to the interviewers, who will not see Monitoring Forms.**

Based on the above statement, do you agree to be offered a guaranteed interview if you and identify as disabled and/or from a BAME background and meet the essential criteria for the role?

YES

NO

1. Age Please tick one box			
<input type="checkbox"/> 16-17	<input type="checkbox"/> 18-20	<input type="checkbox"/> 21-24	<input type="checkbox"/> 25-29
<input type="checkbox"/> 30-44	<input type="checkbox"/> 45-59	<input type="checkbox"/> 60-64	<input type="checkbox"/> 65-74
<input type="checkbox"/> 75-84	<input type="checkbox"/> 85-89	<input type="checkbox"/> 90 and over	

2. Disability

Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out day-to-day activities.

Do you have any of the following conditions which have lasted or expected to last for at least 12 months?

<input type="checkbox"/> Deafness of partial loss of hearing	<input type="checkbox"/> Blindness or partial loss of sight	<input type="checkbox"/> Learning disability
<input type="checkbox"/> Developmental disorder	<input type="checkbox"/> Mental ill health	<input type="checkbox"/> Long term illness or condition
<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other disabilities	

3. Ethnicity *Please tick the box that best describes your ethnic group*

White	Black or Black British
<input type="checkbox"/> British <input type="checkbox"/> Irish	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other (please specify):
White Other	Asian or Asian British
<input type="checkbox"/> Greek/ Greek Cypriot <input type="checkbox"/> Turkish <input type="checkbox"/> Turkish/Cypriot <input type="checkbox"/> Kurdish <input type="checkbox"/> Gypsy/Roma <input type="checkbox"/> Irish Traveller <input type="checkbox"/> Other (please specify below):	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> East African Asian <input type="checkbox"/> Other (please specify below):
Mixed	Chinese or Other Ethnic Group
<input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic background (please specify):

4. Sex *Please tick the box that best describes you*

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
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5. Gender reassignment *Does your gender differ from your birth sex?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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6. Religion <i>Please tick as appropriate</i>			
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Prefer not to say	
<input type="checkbox"/> Jewish	<input type="checkbox"/> Rastafarian		
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Atheist/No Religion		
7. Sexual orientation <i>Please tick the box that best describes your sexual orientation</i>			
8.			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say		
9. Pregnancy and maternity <i>Please tick one box</i>			
Are you pregnant?		Have you had a baby in the last 12 months?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Marriage and Civil Partnership <i>Please tick one box</i>			
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Co-habiting	<input type="checkbox"/> In a civil partnership
<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
11. Refugees and Asylum Seekers <i>Are you?</i>			
<input type="checkbox"/> A Refugee		<input type="checkbox"/> An Asylum Seeker	
What country or region are you a refugee/asylum seeker from?			
12. Language <i>What is your first language?</i>			
<input type="checkbox"/> English	<input type="checkbox"/> Other	Please state:	

Thank you for completing and returning this form