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***The Mary Ward Centre is committed to equality of opportunity in employment and to the selection of the best person for the job. The information you are providing on this page is anonymous and is used for monitoring purposes only. It is not used in the selection process. This form should be returned with your application form but will be removed from your application prior to short-listing.***

|  |  |
| --- | --- |
| **Post Applied For:** |  |
| **First Name** |  |
| **Surname** |  |

**Gender**

Male  Female  Intersex  non-Binary  Prefer not to say

If you prefer to use your own gender identity, please write in:

|  |
| --- |
|  |

Is the gender you identify with the same as your gender registered at birth?

Yes  No  Prefer not to say

**Age**

Under 18  18-25  26-35

36-45  46-55  56-65

Over 65  Prefer not to say

**Ethnic Origin**

Asian/ Asian British – Bangladeshi  Mixed – White and Asian

Asian/ Asian British – Indian  Mixed – White and Black African

Asian/ Asian British – Pakistani  Mixed – White and Black Caribbean

Asian/ Asian British – Other  Mixed Other

Black/ Black British – African  Prefer not to say

Black/ Black British – Caribbean  White - British

Black/ Black British – Other  White - Irish

Chinese  White - Other

Other (please specify)

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**Sexual Orientation**

Heterosexual  Gay  Lesbian  Bisexual  Asexual

Pansexual  Undecided  Prefer not to say  Other (please specify)

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**Religion**

Buddhist  Christian (including all denominations)  Hindu

Jewish  Muslim No religion

Prefer not to say  Sikh

Other (please specify)

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**Disabilities and existing health issues**

Do you consider yourself to have a disability or an existing health issue which has an adverse effect on your ability to carry out normal day to day activities?

Yes  No  Prefer not to say

|  |
| --- |
| If Yes, please describe the nature of your disability or existing health issue |
|  |

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| --- |
| Please let us know in the space below if you have any reasonable adjustments to be made at the interview, or if there is anything you would like to make us aware of. |
|  |

**Declaration**

I understand by signing this form, the information given on this form will be processed by and used for registration and equality monitoring purposes under the Data Protection Act 1998. By signing below you confirm you have read, understood and agreed with his declaration.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |