



***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.***

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| **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:

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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

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| 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.

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