

Lansdowne House,

St Peters Way

Harlington

Middlesex

UB3 5AB

**Equal Opportunities Monitoring Form**

Harlington Hospice Association is working towards promoting and ensuring equality of opportunity in employment and service delivery. It is the hospice’s policy to ensure that all applications for posts with the hospice are considered on the basis of merit, regardless of gender, age, disability, race, colour, nationality, ethnic origin, responsibility for dependants, marital status, sexual orientation, HIV or AIDS status, trade union activity or religious belief.

To ensure this policy is carried out effectively, all applicants are asked to provide the information requested on this form. It will be used only for administrative and monitoring purposes and will be confidential and not used to discriminate in favour or against any individual applicant.

Full Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Applied For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The information in this section is used only for the purposes of ensuring the effectiveness of our Equal Opportunities Policy, which is available on request.*

(***Please Circle below***)

**Gender**  F M **Age Group** < 20 21-30 31-40 41-50 51-60 61-70 71+

**How would you describe yourself?**

*These categories of ethnic origin are recommended by the Commission for Racial Equality as the most appropriate for monitoring the UK. We recognise that the specific categories may not be appropriate for everyone. If this is the case please use the last box*

**Asian or Asian British:** **Black or Black British:**

Indian Black Caribbean

Pakistani Black African

Bangladeshi Any other Black background

Any other Asian background (Please specify)

(Please specify

**Mixed**

**White: Chinese or other ethnic group**

White British Chinese

White Irish Any other Ethnic background

Any other white background (Please specify)

(Please specify)

Do you consider yourself to have a disability/impairment? Yes No

If yes, please specify

If yes, do you have any particular needs in relation to your disability/impairment? Yes No

Please discuss these with the Manager.