



EQUAL OPPORTUNITIES MONITORING FORM

GamCare is an equal opportunities employer. Our policy aims to ensure that no direct or indirect discrimination occurs on the grounds of gender, race, nationality, marital status, religion or belief, sexual orientation, disability or age. In order to assist the organisation in monitoring the effectiveness of this policy, you are requested, but not obliged, to complete the anonymous questionnaire below.

The information you provide will be treated as **STRICTLY CONFIDENTIAL** and will be used only for **EQUAL OPPORTUNITIES** purposes. It **WILL NOT** be taken into consideration for short listing or interviewing purposes. The information **WILL NOT** be relevant or disclosed in consideration for salary progression, promotion, or training and development.

ETHNIC ORIGIN
How would you describe your ethnic origin?
Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background
Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
Chinese or Other Ethnic Group Chinese <input type="checkbox"/> Any other ethnic group/background
Mixed White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background
White British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background _____
Other (please give details)
GENDER
What is your gender? Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
SEXUAL ORIENTATION
Heterosexual/straight <input type="checkbox"/> Gay woman/lesbian <input type="checkbox"/> Gay man <input type="checkbox"/> Bisexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
AGE
Is your age between: 16-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> Over 60 <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
RELIGION
How would you describe your religion: I am not religious <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
DISABILITY
The Disability Discrimination Act 1995 (DDA) defines a disability as a 'physical or mental impairment, which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities'. An effect is long-term if it has lasted, or is likely to last, over 12 months.
Do you consider yourself to have a disability as defined by the DDA? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
If yes, please give brief details of your condition:
MARITAL STATUS
How would you describe your marital status? Married or in a civil partnership <input type="checkbox"/> Single <input type="checkbox"/> Prefer not to say <input type="checkbox"/>