

Job ref no 11/21

App ref no:

**Equal Opportunities Audit Monitoring Form**

Blackburn with Darwen Carers Service encourages equality and diversity in its workforce

Please return the completed form along with your Application Form to office@bwdcarers.org.uk

**Gender:** Male  Female  Intersex  Non-binary  Prefer not to say  If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** Yes  No  Prefer not to say 

**Age:** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**Ethnicity:**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other mixed background, please write in:

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say 

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual 

Prefer not to say  If you prefer to use your own term, please specify here ……………………………………………….….

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over)  Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 