



Equality & Diversity Monitoring Form

Confidential

Croydon Mencap strives to operate a policy of equality and diversity and not discriminate against any person. The information you provide will be treated in the strictest confidence and is for monitoring purposes only and in no way forms any part of the selection process.

NAME..... POST APPLIED FOR.....

Ethnic Origin (please indicate by a tick in the appropriate box)

<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<p>Mixed</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	<p>Black or Black British</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
<p>Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	<p>Other Ethnic groups</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	<p>Not Stated</p> <input type="checkbox"/> Not Stated <input type="checkbox"/> I do not wish to disclose my ethnic group

Gender: Male Female

Age Group

16-19 20-29 30-39 40-49 50-59
 60-64 65 or over I do not wish to disclose my age

Sexual orientation
Please select that which best describes your sexuality:

I do not wish to disclose my sexual orientation
 Homosexual
 Bisexual
 Heterosexual

Religious Belief
Please indicate your religious belief:

<input type="checkbox"/> Atheism	<input type="checkbox"/> Buddhism
<input type="checkbox"/> Christianity	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam	<input type="checkbox"/> Jainism
<input type="checkbox"/> Judaism	<input type="checkbox"/> Sikhism
<input type="checkbox"/> Other	
<input type="checkbox"/> I do not wish to disclose my religion/belief	

Disability Discrimination Act 2005
A person has a disability under the Disability Discrimination Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Long term means has lasted, or is expected to last, for 12 months.

Do you consider yourself to be a disabled person?

Yes No I do not wish to disclose whether or not I have a disability

If answering yes, please give details of your disability below: