# WIRRAL METHODIST HOUSING ASSOCIATION

# EQUAL OPPORTUNITIES MONITORING FORM

**Wirral Methodist Housing Association is committed to equality of opportunity both as an employer and as a service provider and recognises the value that a diverse workforce can bring. To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form. This form will be separated from your application form prior to the selection process. The information you provide will be treated as sensitive data under the General Data Protection Regulation, GDPR: Personal Data and Sensitive Personal Data**

**Please tick the relevant box in each section, or complete details as appropriate.**

**The information that you provide will be kept secure and separate from your job application form. It will not be made available to the initial selection panel.**

**If you do not wish to answer this questionnaire, your application will not be affected in any way. We respect your right to refuse but would ask you to indicate this below in question 7.**

**Position Applied For :**

1. **I am Male Female**

2. **Ethnic Origin (*Please tick which box you feel appropriate to indicate your background)***

**Do you consider yourself to be:**

**Black White Mixed Other**

**Asian African British European Caribbean**

South East Asian Irish Other

3. **Sexual Orientation (***tick box/s as appropriate)*

|  |
| --- |
| **How would you define your sexual orientation:** |
| **Bisexual** |  | **Gay man** |  | **Heterosexual** |  |
| **Gay woman / Lesbian** |  | **Other**  |  | **Prefer not to say** |  |

4. **Religion / Belief (***tick box/s as appropriate)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Buddhist** |  | **Christian** |  | **Hindu** |  |
| **Jewish** |  | **Muslim** |  | **Sikh** |  |
| **Other** |  | **Prefer not to say**  |  | **None** |  |

**5. Gender Identity**

**Trans Man Trans Woman Non Binary**

**If you prefer to use your own term, please specify here**

**….………………………………………………………………....**

6. **Disability**

**Do you consider that you have a disability? Yes No**

 **Prefer not to say**

6.(a) **If you have answered ‘Yes’ to question 5, please indicate the type of**

 **disability which applies to you:**

 **Physical Learning Sensory**

**Long-standing illness or heath condition Mental health condition**

**Any other impairment? …………………………………………………….…….**

7. **Prefer not to complete form**