**Equal opportunities monitoring form (recruitment)**

In accordance with our policy on equal opportunities in employment, GambleAware will provide equal opportunities to any employee or job applicant and will not discriminate either directly or indirectly because of race, sex, sexual orientation, transgender status, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity.

We would be grateful if you would complete the questions on this form to assess how successful this policy is. We have asked for your name to enable us to monitor applications.

The questionnaire will be detached from your application form, stored separately, and used only to provide statistics for monitoring purposes. All applicants will be treated the same whether or not they provide this information.

All information will be treated in confidence and will only be seen by HR.

**There is no obligation on you to provide information.** Thank you for your assistance.

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| **Name** | Click or tap here to enter text. | |
| **Age** | Click or tap here to enter text.  prefer not to say | |
| **Marital status** | Married or in a Civil partnership  Single  Other (please specify if you wish) Click or tap here to enter text.  Prefer not to say | |
| Do you have **caring responsibilities?** | Yes  Please provide further information if you wish Click or tap here to enter text.  No  Prefer not to say | |
| What best describes your **gender?** | Female  Male  Intersex  Non-binary  In another way (please specify if you wish) Click or tap here to enter text.  Prefer not to say | |
| Is your gender the same as that assigned at birth? | Yes  No  Prefer not to say | |
| What is your **sexual orientation** | Bi / Bisexual  Gay man  Gay woman / Lesbian  Heterosexual / Straight  Queer  Other term (please specify if you wish) Click or tap here to enter text.  Prefer not to say | |
| **Ethnic group**  This relates to a sense of identity / belonging on the basis of heritage / culture, not place of birth or citizenship.  Choose ONE section from A to E, and then tick the appropriate box to indicate your ethnic group | A: White | British  English  Scottish  Welsh  Northern Irish  Irish  Gypsy / Roma / Traveller  European  Other White background (please specify if you wish) Click or tap here to enter text.  Prefer not to say |
| B: Mixed / Multiple ethnic groups | White and Black Caribbean  White and Black African  White and Asian  Other Mixed / Multiple ethnic background (please specify if you wish) Click or tap here to enter text.  Prefer not to say |
| C: Asian, Asian British | Indian  Pakistani  Bangladeshi  Chinese  Other Asian background (please specify if you wish) Click or tap here to enter text.  Prefer not to say |
| D: Black, African, Caribbean, Black British | African  Caribbean  Other Black, African, Caribbean background (please specify if you wish) Click or tap here to enter text.  Prefer not to say |
| E: Other | Arab  Other ethnic group (please specify if you wish) Click or tap here to enter text.  Prefer not to say  Do not identify with an ethnic group / identity |
| **Religion or belief** | No religion or belief  Agnostic  Atheist  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Other (please specify if you wish) Click or tap here to enter text.  Prefer not to say  If you would like to discuss any reasonable adjustments with HR to support your practice, please tick this box | |
| **Disability**  The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to perform normal day to day activities. It also covers people who are living with HIV, and who have been diagnosed with cancer or multiple sclerosis.  ('Substantial' means more than minor or trivial, 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months, 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping.)  Does this definition apply to you? | | Yes  Please provide further information if you wish Click or tap here to enter text.  No  Prefer not to say  If you would like to discuss any reasonable adjustments with HR, please tick this box |
| Where did you see this post advertised? | Click or tap here to enter text. | |
| **Data protection** | GambleAware uses personal data collected for reviewing equality of opportunity in recruitment, selection and, if relevant, employment within the organisation in accordance with its data protection policy.  I hereby give my consent to GambleAware to process the data supplied in this form for the purpose of equal opportunities monitoring in recruitment and selection, and if relevant, employment within the organisation. I acknowledge that my application will be treated the same whether or not I complete this form. I understand that I may withdraw my consent to the processing of this data at any time by notifying GambleAware.  Signature: Click or tap here to enter text.  Date: Click or tap here to enter text. | |

Please return this form with your application to [sonal@gambleaware.org](mailto:sonal@gambleaware.org).