



St Christopher's Hospice

### EQUAL OPPORTUNITIES MONITORING

St Christopher's Hospice is committed to providing equal opportunities in employment. In order to maintain and evaluate our success in achieving this, we would very much appreciate you completing and returning this form with your application.

The information you provide is for monitoring purposes only and will be kept confidential.

Post applied for _____
Full name _____
Gender (Female / Male) _____ Date of birth (DD/MM/YYYY) _____

<b>Ethnic Origin</b> (please tick appropriate box)	
White-British <input type="checkbox"/>	Asian or Asian British - Bangladeshi <input type="checkbox"/>
White-Irish <input type="checkbox"/>	Other Asian Background <input type="checkbox"/>
Other White Background <input type="checkbox"/>	Chinese <input type="checkbox"/>
Black or Black British (Caribbean) <input type="checkbox"/>	Mixed - White and Black Caribbean <input type="checkbox"/>
Black or Black British (African) <input type="checkbox"/>	Mixed - White and Black African <input type="checkbox"/>
Other Black Background <input type="checkbox"/>	Mixed - White and Asian <input type="checkbox"/>
Asian or Asian British - Indian <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>
Asian or Asian British - Pakistani <input type="checkbox"/>	Other Ethnic Background <input type="checkbox"/>

<p><b>ABILITY/DISABILITY</b></p> <p>The purpose of the following questions is to seek to ensure that we are fully aware of any medical condition or disability which you may suffer from which may necessitate adjustments being made to accommodate that disability or medical condition both during the recruitment process and, if you are appointed to the position, during employment.</p> <p>Your responses to these questions in no way prejudice your position or prospects during the recruitment process.</p> <p>Do you consider that you have a disability?                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>Are you registered as disabled?                                      Yes <input type="checkbox"/>                                      No <input type="checkbox"/></p> <p>Is there anything which you would wish to tell us about your disability?</p>   <p>If you are appointed to this post do you feel that any special aids or equipment would be required to take account of your disability? Please give details:</p>   
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<p><b>RELIGION</b> (Please tick the box that represents your religion/faith)</p> <p>Christianity <input type="checkbox"/>      Buddhism <input type="checkbox"/>      Judaism <input type="checkbox"/>      Hinduism <input type="checkbox"/>      Islam <input type="checkbox"/>      Sikhism <input type="checkbox"/></p> <p>Other (please state) .....</p>
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**Thank you for completing this form. Please return it with your application form.**

