## Equal opportunities monitoring form

Job Applied for:

 Full name:

Date of birth : dd/month/yyyy

### Disability

Do you consider yourself disabled, as defined by the 2010 Equality Act:

Yes/No/Prefer not to say

If you would like to share more information, like more details about your disability or reasonable adjustments you may require, please tell us here:

### Gender

Female/ Male/ Prefer not to say

### Religion

Please specify / Prefer not to say

### Sexual orientation

Please specify / Prefer not to say

### Ethnic group

Please specify / Prefer not to say