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**Equal Opportunities Monitoring Form**

Medvivo is committed to active policies which eliminate unfair discrimination and to promoting a diverse workforce. Medvivo does not discriminate on any grounds other than the ability to carry out the job. It is strongly recommended that such policies are monitored effectively and we fully support this. Monitoring is essential to ensure that the policies are being properly implemented and your answers to the questions below will provide statistical information with which to review Medvivo’s policies and procedures.

Any information given will be held in strictest confidence and will not affect your application. We ask for your co-operation in completing this sheet.

**Job Details**

|  |  |
| --- | --- |
| Post Applied for |  |
| Department/Location |  |
| Where did you hear about this vacancy? |  |

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name |  |  |  |
| First name(s) | |  |  |
| Date of Birth | |  |  |
| Title | | Mr / Mrs / Miss / Ms / Dr / other, please specify: | |
| Gender | | Male/Female | |
| Nationality | |  | |

**Marital Status**

Please select your marital status from the list below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | Civil Partner |  | |  | Common Law |  | |  | Divorced |  | |  | Married |  | | |  |  |  | | --- | --- | --- | |  | Legally Separated |  | |  | Partner |  | |  | Single |  | |  | Widowed |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Other (Please specify below) | |  | | |  | Prefer not to say | |  | | | Not disclosed | |  | |  | |  | |

**Ethic Origin**

Please select your Ethnic Origin from the list below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Any other Asian background |  | | Any other Ethnic Group |  | | Any other Mixed background |  | | Bangladesh |  | | Black or Black British African |  | | Black or Black British Caribbean |  | | Chinese |  | | |  |  | | --- | --- | | Indian |  | | Mixed White and Asian |  | | Mixed White and Black African |  | | Mixed White and Black Caribbean |  | | Pakistani |  | | White British |  | | White other |  | | |  |  | | --- | --- | | White Gypsy or Irish Traveller |  | | White Irish |  | | Prefer not to say |  |   Not disclosed |

**Religion**

Please select your Religion from the list below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Atheism |  | | Baha’i |  | | Buddhist |  | | Christianity |  | | Druid |  | | Hinduism |  | | Islam |  | | |  |  | | --- | --- | | Jainism |  | | Jehovah’s Witness |  | | Judaism |  | | Mormon |  | | Paganism |  | | Parsi |  | | Rastafarianism |  | | |  |  | | --- | --- | | Sikhism |  | | Wicca |  | | Zoroastrians |  | | Prefer not to say |  | |
|  |  |  |

**Sexual Orientation**

**Disability**

|  |
| --- |
| Do you consider that you have as disability? Yes/No  If yes, please state the nature of the disability. Would you need any adjustments to be made to carry out this role?  (The Equality Act 2010 defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day to day activities) |

**Sexual Orientation**

If you wish, you may disclose information about yourself in this section about your sexual orientation: