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# EQUALITY MONITORING FORM

ABS Group is committed to supporting the principle of equal opportunities, and operates a robust Equality and Diversity Policy. To help us to monitor the effectiveness of this policy, we request you to fill out this form. This form will be detached and kept separate to your application, and the information held herein will be kept securely and used for analysis purposes only.

**Job Title Applied for:**

**Employee Name: ………………………………………………………………………………………………………………**

Please tick one box in each section.

**MONITORING ETHNICITY**

Ethnic origin is not about nationality, place of birth or citizenship. It is about colour and broad ethnic groups. UK citizens can belong to any of the groups indicated.

**How would you describe you ethnic origin?**

|  |  |
| --- | --- |
| ASIAN OR ASIAN BRITISH |  |
| Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Other Asian (please specify) |  |
| BLACK |  |
| Black African |  |
| Black Caribbean |  |
| Black British |  |
| Black European |  |
| Other Black |  |
| WHITE |  |
| White Eastern European |  |
| White British |  |
| White Irish |  |
| White Western European (non-British) |  |
| Other White |  |
| CHINESE OR CHINESE BRITISH |  |
| Chinese |  |
| Chinese British |  |
| MIXED HERITAGE |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Other Mixed Race |  |
| OTHER |  |
| Other Ethnic Background |  |
| PREFER NOT TO SAY |  |
| Prefer Not to Say |  |

**AGE**

**Which age category do you fall into?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 21 |  | 22 – 35 |  | 36 - 45 |  |
| 46 – 55 |  | 55 + |  | Prefer Not to Say |  |

**DISABILITY**

A disabled person is defined in law as someone who has an impairment that has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities.

**Do you consider yourself to have a disability or long-term health condition?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer Not to Say |  |

**GENDER**

**Would you describe yourself as:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Male |  | Female |  | Prefer Not to Say |  |