



THE HAMPTON TRUST

EQUAL OPPORTUNITIES FORM

Please complete this form and return it with your application. The information on this form will be used for monitoring purposes only and will not be used in any decision affecting you.

All questions are optional.

All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your assistance.

About the vacancy

Please state which job you have applied for and the closing date given for applications.

Job applied for:

Closing date for applications:

Where did you hear about this job (please tick)?

Newspaper
(please specify)

Friend

Recruitment
company

Company
website

Other (please
specify)

Gender

What is your gender (please tick)?

Male

Female

Prefer not to say

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

Gender identity

Do you identify as transgender/transsexual?

- Yes
No
Prefer not to say

Ethnic group

How would you describe your nationality and/or ethnicity (please tick)?

- | | | | | | |
|--|--------------------------|--|--------------------------|--|--------------------------|
| A
White: | | B
Mixed race: | | C
Asian or Asian British: | |
| British - English, Scottish or Welsh | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Other White background | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| | | Other Mixed background | <input type="checkbox"/> | Other Asian background | <input type="checkbox"/> |
| D
Black or Black British: | | E
Chinese and other groups: | | | |
| Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| African | <input type="checkbox"/> | Other ethnic group | <input type="checkbox"/> | | |
| Other Black background | <input type="checkbox"/> | | | | |

Age

What is your age (please tick)?

- | | | | | | | | | | |
|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-------------------|--------------------------|
| 16– | <input type="checkbox"/> | 18– | <input type="checkbox"/> | 22– | <input type="checkbox"/> | 31– | <input type="checkbox"/> | 41–50 | <input type="checkbox"/> |
| 17 | | 21 | | 30 | | 40 | | | |
| 51– | <input type="checkbox"/> | 61– | <input type="checkbox"/> | 66– | <input type="checkbox"/> | 71+ | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| 60 | | 65 | | 70 | | | | | |

Sexual orientation

How would you describe your sexual orientation (please tick)?

- Heterosexual / Bisexual Prefer not to say
straight
Gay man Gay woman /
lesbian

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

- | | Yes | Partially | No |
|-------------------|--------------------------|--------------------------|--------------------------|
| At home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With your manager | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At work generally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Religion or belief

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:

- I have no particular religion or belief
Prefer not to say

Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

- Yes No
Used to have a disability but Don't know
have now recovered
Prefer not to say