|  |  |
| --- | --- |
| 1. Additional information | |
| Are there any dates when you would be unavailable for interview? | |
| Do you need a work permit to work in the UK? | Yes/No |
| If yes please specify: | |
| If appointed when could you start? | |
| How did you find out about this vacancy? | |
| Do you have any unspent convictions within the terms of the Rehabilitation of Offenders Act? | Yes/No |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Equal Opportunities Monitoring Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | Confidential | | | | | | | | | | | |
| In order to ensure that Victim Support continues to develop its declared equality and diversity statements, all job applicants are asked to answer the questions below. This information will be treated as confidential and will be used for monitoring purposes only. The form will be separated from the application form on receipt at the recruiting office before short-listing of candidates takes place. The selection panel will not see this form. If you prefer not to disclose any of this information, please leave the relevant section(s) blank. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Post applied for: Communications Assistant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you find out about this vacancy? (please tick one box only) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| National press | | | | | | | |  |  | | | | | | Victim Support website | | | | | | | | | | | | | | |  | |  | | | | | | | |
| Local press | | | | | | | |  |  | | | | | | Jobs in Charities website | | | | | | | | | | | | | | |  | |  | | | | | | | |
| Other (please describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I would describe my ethnic origin as (please tick one box only):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you would prefer not to answer this question:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asian or Asian British** | | | | | | | | | | | | | | | | | **Black or Black British** | | | | | | | | | | | | | | | | | | | | | | |
| Indian | | | | | | | | | | |  | |  | | | | Caribbean | | | | | | | | | | | | | | | | |  | | |  | | |
| Pakistani | | | | | | | | | | |  | |  | | | | African | | | | | | | | | | | | | | | | |  | | |  | | |
| Bangladeshi | | | | | | | | | | |  | |  | | | | Any other Black background | | | | | | | | | | | | | | | | |  | | |  | | |
| Chinese | | | | | | | | | | |  | |  | | | | (please describe) | | | | | | | | | | | | | | | | | | | | | | |
| Any other Asian background | | | | | | | | | | |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| (please describe) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| British/English/Welsh/Scottish/Northern Irish | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Irish | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Gypsy or Irish Traveller | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| Any other white background | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | |
| (please describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mixed** | | | | | | | | | | | | | | | | | **Other ethnic group** | | | | | | | | | | | | | | | | | | | | | | |
| White & Black Caribbean | | | | | | | | | | |  | |  | | | | Arab/Middle Eastern | | | | | | | | | | | | | | | | |  | | |  | | |
| White & Black African | | | | | | | | | | |  | |  | | | | Any other background | | | | | | | | | | | | | | | | |  | | |  | | |
| White & Asian | | | | | | | | | | |  | |  | | | | (please describe) | | | | | | | | | | | | | | | | | | | | | | |
| Any other mixed background | | | | | | | | | | |  | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| (please describe) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I would describe my religious group as (please tick one box only):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you would prefer not to answer this question:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian (all denominations) | | | | | | | | | | |  | |  | | | | | | | | | | | | | Sikh | | | | |  | | |  | | | | | |
| Buddhist | | | | | | | | | | |  | |  | | | | | | | | | | | | | Hindu | | | | |  | | |  | | | | | |
| Jewish | | | | | | | | | | |  | |  | | | | | | | | | | | | | Muslim | | | | |  | | |  | | | | | |
| Other religion | | | | | | | | | | |  | |  | | | | | | | | | | | | | No religion | | | | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I would describe my sexual orientation as (please tick one box only):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you would prefer not to answer this question:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heterosexual | | | |  | |  | | | | Lesbian | | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | |
| Gay | | | |  | |  | | | | Bisexual | | | | | | | |  | | | |  | | | | | | | Other | |  | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I would describe my marital status as (please tick one box only):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you would prefer not to answer this question:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Married | | | | |  | |  | | | Single | | | | | | | | |  | | | |  | | | | | Partner | | | | |  | | |  | | | |
| Civil partnership | | | | |  | |  | | | Co-habiting | | | | | | | | |  | | | |  | | | | | Separated | | | | |  | | |  | | | |
| Divorced | | | | |  | |  | | | Widow | | | | | | | | |  | | | |  | | | | | Widower | | | | |  | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I would describe my gender as (please tick one box only):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you would prefer not to answer this question:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Male |  |  | | | | | | | | | | | | | | Female | | | | | | | | | | |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My age group is (please tick one box only):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you would prefer not to answer this question:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| under 16 | |  | 16-24 | | | | | | | | |  | | 25-34 | | | | | | | | | | | | |  | | 35-44 | | | | | | |  | | |  |
| 45-54 | |  | 55-64 | | | | | | | | |  | | over 65 | | | | | | | | | | | | |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I consider myself to have a disability (please see *Guidance notes for applicants*):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please tick this box if you would prefer not to answer this question:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes |  |  | | | | | | | | | | | | | | No | | | |  | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |