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**Equal Opportunities monitoring form**

Bluecoat wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. It will be kept entirely separate from your application for this post at all stages and will not play any role in the decision making process.

Please return the completed form in an envelope marked ‘Strictly confidential’ to: **Recruitment, Bluecoat, School Lane, Liverpool L1 3BX**

Or by email with the subject line: Strictly Confidential’ to: [**recruitment@thebluecoat.org.uk**](mailto:recruitment@thebluecoat.org.uk)

1. **How do you define your gender? Please tick one only.**

🞏 Male

🞏 Female

🞏 Trans

🞏 Non binary

🞏 Prefer not to say

If you prefer to use your own term, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Which of the following age groups do you belong to? Please tick one only.**

🞏 16 – 19

🞏 20 – 24

🞏 25 – 29

🞏 30 – 34

🞏 35 – 39

🞏 40 – 44

🞏 45 – 49

🞏 50 – 54

🞏 55 – 59

🞏 60 – 64

🞏 65 – 69

🞏 70 – 74

🞏 Prefer not to say

1. **What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. **Please tick one only.**

**White:**

🞏 British

🞏 Irish

🞏 Gypsy or Irish Traveller

🞏 Other White background\*

**Mixed:**

🞏 White and Black Caribbean

🞏 White and Black African

🞏 White and Asian

🞏 Other Mixed/multiple ethnic background\*

**Asian or Asian British**

🞏 Indian

🞏 Pakistani

🞏 Bangladeshi

🞏 Chinese

🞏 Other Asian background\*

**Black or Black British**

🞏 African

🞏 Caribbean

🞏 Other Black/African/ Caribbean background\*

**Other**

🞏 Arab

🞏 Other\*

🞏 Prefer not to say

**\*What other? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you define yourself as disabled or having a long term health condition? (Tick one only)**

🞏 Yes

🞏 No

🞏 Prefer not to say

**Thank you for completing this form.**