



## Equal Opportunities form

This information is being gathered to achieve constant improvements in our Equal Opportunities Policies and Practices, to make sure our job adverts are reaching all sections of the community and to monitor that the organisation is representative of the population of the UK and the community in which we sit. The data will be used for monitoring purposes only. The data will be treated in the strictest confidence and will be used only for general statistical analysis and to comply with any specific equality duty Bright Tribe may have to report on their compliance with a general equality duty. You may choose not to give your name if you wish.

The form is designed along the same lines as issued by The Equality and Human Rights commission.

Personal details	
<b>Name (optional)</b>	.....
Gender	
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age group	Marital Status
<input type="checkbox"/> Under 25 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 49 <input type="checkbox"/> 50 - 65 <input type="checkbox"/> Over 65	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Civil partnered (including separated) <input type="checkbox"/> Other (please specify) .....
Sexual orientation (optional)	Gender identity (optional)
<input type="checkbox"/> Heterosexual / Straight <input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman / Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other (please specify) ..... <input type="checkbox"/> Prefer not to say	Do you consider yourself to be transgender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (please specify) ..... <input type="checkbox"/> Prefer not to say
How would you describe your religion or belief?	
<input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> None <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (please specify ..... )	

**Ethnic Origin (Please tick the appropriate box to indicate your ethnic group)**

**Asian or British Asian**

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background
- .....

**Black or Black British**

- Caribbean
- African
- Any other Black background
- .....

**White**

- British
- Irish
- Any other white background
- .....

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
- .....

**Chinese**

- Chinese
- Any Chinese background
- .....

**Any other ethnic background**

.....

**Disability**

Disability is defined by the Disability Discrimination Act 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. The disability could be physical, sensory or mental and must be expected to last at least 12 months.

Are you a disabled person as defined by the Disability Discrimination Act?  Yes  No

## Medical form

<b>Name:</b>	<b>Academy:</b>
<b>Medical information</b>	
Doctors name:	Blood type:
Address:	Telephone number:
Medical conditions:	Allergies:
Medications:	
Do you consider having any disabilities that we should be aware of? If, so are there any reasonable adjustments we can make?	