Equality and Diversity Monitoring
Applicant Form

The information on this sheet will be separated from your application as soon as it is received. It will not be passed on to anyone involved in shortlisting or appointment of the post you are applying for.

Batchelors operates an equality and diversity policy. To help monitor its effectiveness, it would be appreciated if you could complete this form. Please tick the appropriate boxes below. (Please note that providing this information is not compulsory).

Application details:

Post applying for		
Job Reference (if applicable)		
Are you applying for a full or part time position? (please circle)	Full Time	Part Time (less than 35 hours per week)

Gender *

Male		Transgender	
Female		Do not wish to disclose	

**If you are undergoing gender reassignment, please tick the box that applies to your future gender*

Sexual Orientation *How would you describe your sexuality?*

Gay/Homosexual		Heterosexual	
Lesbian		Prefer not to say	
Bisexual		Unknown	

Age Which age group do you belong to?

Under 18		35 – 44		65+	
18 to 24		45 – 54		Prefer not to say	
25 – 34		55 – 64		Unknown	

Marital Status

Are you married or in a civil partnership?		Yes	No
Other		Prefer not to say	

Religion Please indicate which religion you consider yourself to belong to?

No religion		Jewish	
Buddhist		Muslim	
Christian		Sikh	
Hindu		Prefer not to say	
Other (please specify)			

Dependants

Do you have caring responsibilities?			
None			
Primary carer of child/children (under 18)		Primary carer of older person (65+)	
Primary carer of disabled adult (18 and over)		Secondary carer	
Primary carer of disabled child/children		Prefer not to say	

Ethnicity Please indicate which ethnic group you consider yourself to belong to?

White		**Asian**	
White – British (to inc. N.Ireland, Scotland and Wales)		Asian or Asian British – Indian	
White – Irish		Asian or Asian British – Pakistani	
White – European		Asian or Asian British – Bangladeshi	
Other White		Chinese	
		Other Asian	
Black		**Mixed**	
Black or Black Caribbean		Mixed – White & Black Caribbean	
Black or Black British – African		Mixed – White & Black African	
Other Black		Mixed – White & Asian	
		Other Mixed	
Other			
Ethnic identity unknown			
Prefer not to say			
If you have selected other please state which group you consider yourself to belong to:			

Disability

Please complete this section if you have a disability or impairment. These forms can be made available in accessible formats, please request your preferred format. The firm and their staff will not discriminate against disabled people in the way we deal with applications.

Do you consider yourself to have a disability or long-term health condition?	Yes	No
If Yes, please tick the type of impairment which applies to you. If you experience more than one type of impairment please indicate more than one.		

Physical Impairment	Sensory Impairment	Mental Health Condition	Learning Disability/ Difficulty	Long standing illness	Other

Should your application be selected for interview, we ask that you make us aware of any impairment as indicated above, and whether you have any special requirements. We will make all reasonable adjustments necessary for the interview or selection testing process.

Thank you for completing this equality and diversity monitoring form.

Date: ……..