

MERTON MENCAP: EQUAL OPPORTUNITIES MONITORING FORM

In order to ensure our equal opportunities policy is being carried out, it would help if you could complete this form. Any information provided will be used for equal opportunities monitoring only and will play no part in recruitment or selection decisions for paid staff or volunteers.

Your full name: _____

| | | | | | | |
|--|--------------------|--------------------------|-----------------------|--------------------------|---------|--------------------------|
| 1. Are you | male | <input type="checkbox"/> | female | <input type="checkbox"/> | | |
| 2. Is your age group | under 18 | <input type="checkbox"/> | 18 - 29 | <input type="checkbox"/> | 30 – 39 | <input type="checkbox"/> |
| | 40 – 49 | <input type="checkbox"/> | 50 - 59 | <input type="checkbox"/> | 60+ | <input type="checkbox"/> |
| 3. Are you | single | <input type="checkbox"/> | married | <input type="checkbox"/> | | |
| 4. Do you have a physical or sensory impairment? | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | | |
| 5. Do you have a learning disability? | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | | |
| 6. Have you ever suffered from a mental illness? | yes | <input type="checkbox"/> | no | <input type="checkbox"/> | | |
| 7. Are you | employed full time | <input type="checkbox"/> | employed part time | <input type="checkbox"/> | | |
| | retired | <input type="checkbox"/> | unemployed | <input type="checkbox"/> | | |
| | a student | <input type="checkbox"/> | a carer | <input type="checkbox"/> | | |
| | other | <input type="checkbox"/> | please specify: _____ | | | |

8. What is your ethnic origin?

| | | | | | |
|-------------------------------|---|--------------------------|-------------------------------|---|--------------------------|
| White | British | <input type="checkbox"/> | Mixed | White & black Caribbean | <input type="checkbox"/> |
| | Irish | <input type="checkbox"/> | | White & black African | <input type="checkbox"/> |
| | Any other white - please specify | <input type="checkbox"/> | | White & Asian | <input type="checkbox"/> |
| | | | | Any other mixed background – please specify | <input type="checkbox"/> |
| Asian or Asian British | Indian | <input type="checkbox"/> | Black or Black British | Caribbean | <input type="checkbox"/> |
| | Pakistani | <input type="checkbox"/> | | African | <input type="checkbox"/> |
| | Bangladeshi | <input type="checkbox"/> | | Any other black background - please specify | <input type="checkbox"/> |
| | Tamil | <input type="checkbox"/> | | | |
| | Any other Asian background - please specify | <input type="checkbox"/> | | | |
| Chinese | Chinese | <input type="checkbox"/> | Other ethnic Group | Any other – please specify | |

Signed: _____

Dated: _____