## Equal opportunities monitoring form

Role Applied for:

Full name:

Date of birth : dd/month/yyyy

### Disability

Do you consider yourself disabled, as defined by the 2010 Equality Act:

Yes/No/Prefer not to say (delete as appropriate)

If you would like to share more information, like more details about your disability or reasonable adjustments you may require, please tell us

here:

### Gender

Female/ Male/ Prefer not to say (delete as appropriate)

### Religion

Please specify or write Prefer not to say

### Sexual orientation

Please specify or write Prefer not to say

### Ethnic group

Please specify or write Prefer not to say