

# Equal opportunities monitoring form

War on Want is committed to equality of opportunity in employment and to the selection of the best person for the role. The information you are providing on this page will be kept anonymous and is used for monitoring purposes only. It is not used in the selection process. This form should be returned with your application form, each application is allocated a candidate number by us and this form is then removed from your application prior to short listing and remains anonymous.

Post applied for

Where did you hear about this vacancy?

Gender Identity  Male (inc trans man)  Female (inc trans woman)  Other gender identity

Age  18-26  27-40  41-60  60+

## Disability

The Disability Discrimination Act 1995 defines disability as a 'physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day-to-day activities'.

Do you consider yourself to be disabled?

Yes  No

If yes, what is the nature of your disability?

## Nationality and Ethnic Origin

Please specify nationality

## Ethnic Origin (as defined by 2001 England and Wales Census)

- |                                                               |                                                             |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Asian or Asian British - Bangladeshi | <input type="checkbox"/> Other mixed background             |
| <input type="checkbox"/> Asian or Asian British - Indian      | <input type="checkbox"/> Black or Black British - African   |
| <input type="checkbox"/> Asian or Asian British - Pakistani   | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> Chinese                              | <input type="checkbox"/> Other Black Background             |
| <input type="checkbox"/> Other Asian background               | <input type="checkbox"/> White - British                    |
| <input type="checkbox"/> Mixed - Asian and White              | <input type="checkbox"/> White - Irish                      |
| <input type="checkbox"/> Mixed - Black African and White      | <input type="checkbox"/> Other White background             |
| <input type="checkbox"/> Mixed - Black Caribbean and White    | <input type="checkbox"/> Other Ethnic background            |

Please return the completed questionnaire with your application.

Thank you for your cooperation.

