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| Mediline Supported Living is committed to promoting equal opportunities, both in the provision of its services and in its capacity as an employer. Completion of this form is optional but the information will help us to effectively monitor our Equal Opportunities Policy. Any information provided on this form will be kept strictly confidential in accordance with the Date Protection Act 1998. This form will be separated from your application form and will not be used for shortlisting.Position Applied For: ……………………………………………… Nationality: ………………..…………………………………… Date of Birth: ……………………..................................... Age: ............................................................. |
| **GENDER** Male Female Gender Reassignment  |
| **AGE**  16 - 24 25 - 34 35 - 44 45 – 54 55 – 64 65 or over |
| **MARITAL STATUS**Married Single Civil Partnership   Divorced / Separated Living with Partner Prefer not to say   |
| **DEPENDENTS** Children Parents / relative Prefer not to say   |
| **DISABILITY**The Equality Act 2010 defines a disability 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". An effect is long‐term if it has lasted, or is likely to last, over 12 months.Do you consider yourself to have a disability under the Disability Discrimination Act? Yes No If yes do you have any special requirements in order to enable you to undertake the duties of the position you have applied for? Please provide details  |
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| **ETHNIC ORIGIN**   White Black Caribbean Black African Chinese  Indian Pakistani Bangladeshi Black Other Any other ethnic group Prefer not to say  |
| **RELIGION** Christian  No Religion (all denominations) Buddhist Any other religion  Jewish Muslim Hindu Prefer not to say  |
| **SEXUAL ORIENTATION**  Heterosexual Gay Lesbian Bi-sexual Prefer not to say |
| **LANGUAGE** Is English your first language Yes No If no, please state:  |
| **CONSENT**I agree to Mediline recording and using personal data contained in this form for the purposes of monitoring their Equal Opportunities Policy and for statistical purposes.   **Signature: Date:** |