

EQUAL OPPORTUNITIES MONITORING FORM

The Basement Recovery Project recognises that discrimination against different groups of people is widespread in our society. It is committed to implementing policies and practice that will combat discrimination in its areas of work and aims to promote maximum accessibility of its services to all members of the community.

The Basement Recovery Project wishes to employ the best possible staff and therefore intends to ensure equality of opportunity so that no person is disadvantaged. We therefore welcome applications from all sections of the community.

We regularly review our recruitment and selection procedures to ensure our equal opportunities policy is being properly operated. To help us in this process, we would be grateful if you would complete the details below and return this form separately (to maintain confidentiality in your application).

The monitoring form does not constitute any part of the short listing or interview process. If you choose not to complete this section your application will not be affected. The information will be treated as strictly confidential to The Basement Recovery Project and will not be given to anyone else or used in any other way.

Post applied for

To which of the following ethnic groups would you describe yourself as belonging? (please tick)

<p>White</p> <p>British <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Irish <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Any other white background <input style="width: 20px; height: 15px;" type="checkbox"/></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<p>Mixed Race</p> <p>White & Black Caribbean <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>White & Black African <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>White & Asian <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Any other mixed background <input style="width: 20px; height: 15px;" type="checkbox"/></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
<p>Asian</p> <p>Indian <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Pakistani <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Bangladeshi <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Any other Asian background <input style="width: 20px; height: 15px;" type="checkbox"/></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>	<p>Black</p> <p>Caribbean <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>African <input style="width: 20px; height: 15px;" type="checkbox"/></p> <p>Any other Black background <input style="width: 20px; height: 15px;" type="checkbox"/></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>
<p>Chinese</p> <p>Chinese <input style="width: 20px; height: 15px;" type="checkbox"/></p>	<p>Any Other, please write in <input style="width: 20px; height: 15px;" type="checkbox"/></p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>

I describe my gender as (please tick)

Male Female

I describe my sexuality as (please tick)

Heterosexual Gay/Lesbian Bisexual Other

Do you have a disability?

Yes No

If so please state the nature of your disability