

Best Options Care is committed to being an equal opportunities employer and we welcome applications from all sections of the community. We will ensure that all candidates for employment are treated fairly, and in order to monitor our responsibilities and to measure our progress towards widening diversity among our workforce, we would be grateful if you would answer the simple questions in the boxes below. The information you provide will remain anonymous and is for statistical monitoring purposes only. This 2-page form will be separated from your application upon receipt and is not used as part of the applicant selection process.

## EQUALITY OPPORTUNITIES & DIVERSITY MONITORING FORM

A: BASIC DETAILS									
<b>Your age range:</b>	16 - 20		<b>Your marital status:</b>	Married		<b>Nationality:</b>			
	21 - 25			Married / separated			<b>Your gender:</b>	Male	
	26 - 49			Divorced				Female	
	50 - 60			Single				Transgender	
	60+			Widowed				Other	

B: ETHNICITY									
Please tick the box alongside the category that you feel best describes your ethnic origin, using the classification below									
<b>WHITE:</b>	British		<b>MIXED RACE:</b>	White and Black Caribbean		<b>ASIAN or ASIAN BRITISH:</b>	White and Black African		
	Irish			White and Black Asian			Any other Mixed background		
	Any other White background			Any other Mixed background			Indian		
<b>BLACK or BLACK BRITISH:</b>	Caribbean		<b>ASIAN or ASIAN BRITISH:</b>	Pakistani			<b>ASIAN or ASIAN BRITISH:</b>	Bangladeshi	
	African			Any other Asian background				Any other Asian background	
<b>CHINESE</b>									
<b>ANY OTHER ETHNIC GROUP</b>									

C: RELIGION / BELIEF							
Please tick your religion / belief group							
Christian				Muslim / Islam			
Adventist				Sikh			
Judaism				Rastafarian			
Mormon				Zoroastrian / Parsi			
Buddhist				Bahá'í			
Hindu				No religion			
Jainism				Do not wish to answer			

### D: DISABILITY

The *Equality Act 2010*, provides for disabled people to have a legal right to fair treatment in employment matters. When answering this question please note that the *Equality Act 2010* defines a disability as "a mental or physical impairment which has a substantial and long-term adverse effect upon a person's ability to carry out normal day-to-day activities".

Please tick the description(s) that you feel best describes your impairment:

NO DISABILITY	<input type="checkbox"/>	Unseen disability (e.g. diabetes, epilepsy, asthma)	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Autistic Spectrum Disorder (e.g. Asperger's Syndrome)	<input type="checkbox"/>
Blind / Partially sighted	<input type="checkbox"/>	Personal Care Support	<input type="checkbox"/>
Deaf / Hearing impediment	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Wheelchair user / Mobility difficulties	<input type="checkbox"/>	Other mobility difficulty	<input type="checkbox"/>
Mental Health condition	<input type="checkbox"/>	Other disability	<input type="checkbox"/>

### E: SEXUAL ORIENTATION

Please tick the box alongside the category that best describes your sexual orientation:

Heterosexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		<input type="checkbox"/>

Thank you for your assistance