Equality and diversity monitoring form template

Accessibility Provider Services Limited wants to meet the aims and commitments set out in our equality policy. This includes not discriminating under the Equality Act. Please complete this form to help us understand the diversity of our job applicants.

Completing this form is voluntary. The information provided will be kept confidential. The information is going to be used to help us understand the diversity of our organisation. None of the information you provide will be linked to your application.

If you have any questions about the form, contact Accessibility Provider Services on 876-588 8984. Please return the completed form to vacancies@apsprovides.com.

Age

What is your age?

☐ 19 or under
☐ 20 to 29
☐ 30 to 39
☐ 40 to 49
☐ 50 to 59
☐ 60 to 69
☐ 70+
☐ Prefer not to say

Disability

Do you have a disability, impairment or health condition which affects your day-to-day activities?

☐ Yes
☐ No
☐ Prefer not to say

The information in this form is for monitoring purposes only. If you believe you need a reasonable adjustment, then please discuss this with your manager.

Ethnicity

What is your ethnicity? This may be different to your nationality, place of birth or citizenship.

☐ Afro-Caribbean
☐ Hispanic/Latino-Caribbean
☐ White Caribbean
☐ Asian Caribbeans
☐ Indigenous Caribbeans
☐ Other
☐ Prefer not to say

Religion or belief

What is your religion or belief?

☐ No religion or belief
☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ Another religion or belief, please say.
☐ Prefer not to say

Sex

What is your sex?

☐ Female
☐ Male
☐ Prefer not to say

Marital status

What is your marital status?

☐ Single
☐ Committed relationship
☐ Married
☐ Prefer not to say