# Equality monitoring form for applicants

In line with our equal opportunities policy, we are committed to ensuring that no-one is discriminated against in our recruitment process.

To help us achieve this aim we ask you to complete this monitoring form. You do not have to complete this form, if you do not wish to do so.

The request for this information and how it is used is within the scope of the Data Protection Act 2018 which allows for the collation and reporting of special category data for monitoring purposes.

We will keep this information separately from your CV to make sure that none of the information you have provided will be used in the selection decision.

You can read how BVG Associates will use and store your personal data in our applicant privacy notice which can be found [here.](https://bvgassociates.com/applicant-privacy-notice/)

Please return your completed form to recruitment@bvgassociates.com.

Gender

Male 🗆 Female 🗆 Transgender 🗆 Prefer not to say 🗆

Age

16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆

55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

## What is your ethnicity?

Important: Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

### White

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆 British 🗆

Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Other white background, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Mixed/multiple ethnic groups

White/black African 🗆 White/black Caribbean 🗆 White and Asian 🗆

Prefer not to say 🗆

Any other mixed background, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Asian/Asian British

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆

Prefer not to say 🗆

Any other Asian background, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Black/African/Caribbean/Black British

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Other ethnic group

Any other ethnic group, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you consider yourself to have a disability or health condition?

The information in this section will be shared if you are appointed, then will be solely for the purposes of making any reasonable adjustments to office / working arrangements which may be required.

Yes 🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Thank you for taking time to complete this questionnaire.**