**EQUAL OPPORTUNITIES**

|  |  |
| --- | --- |
|  |  |
| Date of Birth |  |
|  |  |
| Post: |  |

In providing access to housing, services and work no-one will receive less favourable treatment than another on the grounds of age, disability, gender reassignment, marriage/civil partnership, pregnancy and maternity, race, religion, sex and sexual orientation and we expect everyone who works with SHAL to support this policy. SHAL is committed to eliminating discrimination, promoting equality and promoting good relations on these grounds.

To help SHAL monitor its policy, it would help if you would complete the following:-

**Ethnicity**

Would you describe your ethnic group as:- (Please ✓ appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Tick one box only for each |  | Tick one box only for each | |
| British | 1 | **Mixed** | White & Black Caribbean | | 4 |
| Irish | 2 | White & Black African | | 5 |
| Any other White background (please tick and write in) | 3 | White & Asian | | 6 |
|  | | Any other mixed background (please tick and write in) | | 7 |
|  | | |
| Indian | 8 | **Black or Black British** | Caribbean | | 12 |
| Pakistani | 9 | African | | 13 |
| Bangladeshi | 10 | Any other Black background  (please tick and write in) | | 14 |
| Chinese | 15 |  |  | | |
| Any other Asian background  (please tick and write in) | 11 |
|  | | **Other** | Other (please tick and write in) | | 16 |
|  |  | | |
| Gypsy, Romany | | 18 |
| Arab | | 19 |

**Gender** (Please ✓ appropriate box) **: Male**  **Female**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tick one box for each question | | | | | | | | | | | |
| Have you undergone gender reassignment? | | | | | | Yes 1 | | | | | |
| No 2 | | | | | |
| Are you married or in a civil partnership? | | | | | | Yes 1 | | | | | |
|  | | | | | | No 2 | | | | | |
| What is your religion | | | | | |  | | | | | |
| None | Christian | | Buddhist | | Hindu | Jewish | Muslim | | Sikh | | Other |
| 1 | 2 | | 3 | | 4 | 5 | 6 | | 7 | | 8 |
| **How would you describe your sexual orientation?** | | | | | | | | | | | |
| Heterosexual | | Gay man | | Gay woman | | Bisexual | | Other | | Prefer not to say | |
| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | |

**Disability**

It would be helpful to know whether you consider you have a disability.

A person has a disability if:-

“*he or she has a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”*

Also:

*“impairment” includes sensory loss such as hearing*

*“mental impairment” includes learning disabilities*

*“long-term means it lasts for at least 12 months.*

Please will you answer the following questions:

Do you consider you have a disability? (Please tick appropriate box)

Yes  No

If “yes” please indicate in the box below any barriers in the work environment which prevent you carrying out your normal day-to-day work activities.

Thank you for your assistance.

SHAL is registered as an Industrial and Provident Society and as an exempt Charity 27772R

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