

EQUAL OPPORTUNITIES MONITORING FORM

Sydenham Arts
internal reference:

Please return this and the Personal Details & Declaration form, your CV and covering letter to: trustees@sydenhamarts.co.uk

Write clearly in black ink or type.

Recruitment Monitoring Form

Statement of policy

Sydenham Arts strives to promote Equal Opportunities and we encourage applications from all sections of the community. Applicants are encouraged to complete this form as part of the recruitment package. We aim to ensure that no job applicant or employee receives less favourable treatment on the ground of race, colour, nationality, ethnic or national origins, religion or belief, age, gender, gender reassignment, maternity, marital status, sexual orientation or disability.

Monitoring

In order to ensure the continued development of the above policy, all applicants are asked to complete the information below. You are not obliged to answer all questions, but obviously the more information you supply the more effective our monitoring will be. If you choose not to answer questions it will not affect your application. The information you supply here is confidential and will be used solely for monitoring purposes. The selection panel will not see this form.

Post applied for: [Click here to enter text.](#)

| | |
|---|---|
| <p>Tick the appropriate box to indicate your ethnic background</p> | <ul style="list-style-type: none"><input type="checkbox"/> Asian Indian<input type="checkbox"/> Asian Bangladeshi<input type="checkbox"/> Asian Pakistani<input type="checkbox"/> Asian Other Click here to enter text.<input type="checkbox"/> Black Caribbean<input type="checkbox"/> Black African<input type="checkbox"/> Black Other Click here to enter text.<input type="checkbox"/> Chinese<input type="checkbox"/> Mixed: White and Black Caribbean<input type="checkbox"/> Mixed: White and Black African<input type="checkbox"/> Mixed: White and Asian<input type="checkbox"/> Mixed: Other Click here to enter text.<input type="checkbox"/> White |
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Document title

Any other, please write in: [Click here to enter text.](#)

Nationality:

[Click here to enter text.](#)

What is your sexual orientation?

Prefer not to say (Select one option from the dropdown list)

[Click here to enter text.](#)

What best describes your gender?

Female

Male

Prefer not to say

Prefer to self-describe: [Click here to enter text.](#)

Religion/Belief:

[Click here to enter text.](#)

Age group:

Under 25

26 - 40

41 - 60

61 Over

Document title

I consider myself to have a disability:

Yes

No

If yes, would you like to tell us more?

Click here to enter text.

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