

<b>NAME:</b>
<b>POSITION APPLIED FOR:</b>
<b>Equal Opportunities Monitoring</b>
Active Lincolnshire aims to be an equal opportunities employer we want to meet the aims and commitments set out in its equal opportunities policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality & diversity. We need your help and co-operation to enable it to do this, but filling in this form is voluntary. <i>(Tick or highlight box where appropriate.)</i>
<b>Gender</b>
Man <input type="checkbox"/> Woman <input type="checkbox"/> Intersex <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> If you prefer to use your own term, please specify here .....
<b>Age</b>
16-18 <input type="checkbox"/> 19-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>Disability</b>
<b>Do you consider yourself to have a disability or health condition?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>  What is the effect or impact of your disability or health condition on your ability to fulfil your role at work? Please specify here .....  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, or the manager running the recruitment process if you are a job applicant.
<b>Marital Status</b>
Are you married or in a civil partnership? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
<b>Ethnicity</b>
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  <b>White</b> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> British <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other white background, please specify here .....
<b>Mixed/ multiple ethnic groups</b> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other mixed background, please specify here .....
<b>Asian/ Asian British</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Any other Asian background, please specify here .....

**Black/ African/ Caribbean/ Black British**

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please specify here .....

**Other ethnic group**

Arab  Prefer not to say  Any other ethnic group, please specify here

.....

**Sexual Orientation**

Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say

If you prefer to use your own term, please specify here .....

**Religion**

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please specify here .....

**Working pattern**

What is your current working pattern?

Full-time  Part-time  Prefer not to say

**Working Arrangement**

What is your flexible working arrangement?

None  Flexi-time  Staggered hours  Term-time hours

Annualised hours  Job-share  Flexible shifts  Compressed hours

Homeworking  Prefer not to say  If other, please specify here .....

**Caring responsibilities**

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18)

Primary carer of disabled child / children

Primary carer of disabled adult (18 and over)  Primary carer of older person

Secondary carer (another person carries out the main caring role)  Prefer not to say

**REHABILITATION OF OFFENDERS ACT 1974**

Applications from ex-offenders are welcomed and will be considered on their merit. Convictions that are irrelevant to this job will not be taken into account. You are required to disclose any convictions, which are not 'spent' by virtue of the Rehabilitation of Offenders Act 1974.

Have you been convicted of a criminal offence, which is not spent, as defined in the above Act?

YES  NO

If yes, please give details of date(s), offence(s) and sentence(s) passed:

The Rehabilitation of Offenders Act does not apply to certain specified professions, nor does it apply to posts which involve contact with children, young people or vulnerable adults. In any of these cases you should state all past convictions, including any that are spent, giving details of date(s), offence(s) and sentence(s) passed:

If you are applying for a post which involves contact with either children or vulnerable adults, please also confirm that you are not listed on either of the following (as appropriate):

I confirm that I am not listed on the children's barred list.

OR

I confirm that I am not listed on the adults' barred list.

AND

I declare that I have no past convictions, cautions or bind-overs and no pending cases affecting why I might be considered unsuitable to work with children/vulnerable adults.

*The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying.*

**Please return your equal opportunities monitoring form to: [lindsay.parker@activelincolnshire.com](mailto:lindsay.parker@activelincolnshire.com)**