

## Equal Opportunities Monitoring

Headway Oxfordshire is committed to eliminating discrimination in employment practices. It is the organisation's aim to select on the basis of suitability and capability to do the job and to ensure all candidates are treated solely on the grounds of merit. Please assist us to monitor our Equal Opportunity Policy, by completing the details requested below.

<b>Post applied for:</b>	
<b>Date of Application:</b>	
<b>Full name:</b>	
<b>Previous name (if applicable):</b>	

<b>Where did you learn of this vacancy? (If advertisement, please state in which publication)</b>			
<b>Gender</b>  (if you are currently undergoing the process of gender reassignment, please tick your future gender)  Please tick the following:	Please state your gender:		
<b>Disability</b> Do you have a disability?  The Equality Act 2010 (EqA) defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, over 12 months.	Yes	No	
If yes, what is the nature of your disability?			
Sensory	Mobility	Physical Co-ordination	Mental Health
Learning Disability	Other:		
Will you require any support in the workplace?	Yes	No	
If yes, please indicate what support and reasonable adjustments you will require:			

<b>Ethnic Origin</b>	
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Please highlight one of the following, which you feel most accurately describes your ethnic origin.

<b>White</b>	<b>Mixed</b>	<b>Asian or Asian British</b>	<b>Black or Black British</b>
British	White & Black Caribbean	Indian	Caribbean
Irish	White and Black African	Pakistani	African
Any other white background	White & Asian	Bangladeshi	Any other Black background
	Any other mixed background	Any other Asian background	
<b>Other Ethnic Group</b>			
Chinese			
Any other ethnic groups			

**Religion**

Please complete one of the following.

My religion is .....	I am not religious	Prefer not to say	
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**Age**

Please tick one of the following.

16-24	25-29	30-39	40-49
50-59	60 or over		

**Sexual Orientation**

Please highlight one of the following, which you feel most accurately describes your sexual orientation.

Heterosexual	Bisexual	Lesbian	Gay
Other	Prefer not to say		