



## Atal y Fro

### Equal Opportunities Monitoring Form

Atal y Fro is striving towards equal opportunity in the employment field. This form will only be used to aid in monitoring our practice. It will not be used in the selection process or any other post. We appreciate your time taken to complete and return the form. We will maintain confidentiality regarding the contents.

How would you describe your ethnic group or background?					
<b>White</b>					
Welsh <input type="checkbox"/> / English <input type="checkbox"/> / Scottish <input type="checkbox"/> / Northern Irish <input type="checkbox"/> / British <input type="checkbox"/>	Irish <input type="checkbox"/>	Gypsy or Irish Traveller <input type="checkbox"/>		Any other White background <input type="checkbox"/>	
<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"/>		Any other Mixed/ Multiple ethnic background <input type="checkbox"/>	
<b>Asian / Asian British</b>					
Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Chinese <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	
<b>Black / African / Caribbean / Black British</b>					
African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Any other Black / African / Caribbean background <input type="checkbox"/>			
<b>Other ethnic group</b>					
Arab <input type="checkbox"/>			Any other ethnic group, please describe:		
<b>Other</b>					
Prefer not to say <input type="checkbox"/>					
<b>Please indicate your age category:</b>					
18-25 <input type="checkbox"/>	26-35 <input type="checkbox"/>	36-45 <input type="checkbox"/>	46-55 <input type="checkbox"/>	56 and over <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
<b>Do you speak any of the following languages? Please indicate your first language and any others you speak.</b>					
English <input type="checkbox"/>	Welsh <input type="checkbox"/>	Other (please specify)		Prefer not to say <input type="checkbox"/>	



**Do you have any form of disability which may affect the way you work?**

The Equality Act 2010 defines a disabled person as a person with a disability. A person has a disability if they have a 'physical or mental impairment and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Please specify:		

**How would you describe your sex/gender?**

Female <input type="checkbox"/>	Male <input type="checkbox"/>	Prefer to use own term: .....	Prefer not to say <input type="checkbox"/>
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**Is your gender the same as the gender you were assigned at birth?**

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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**How would you describe your sexual orientation?**

Lesbian/ gay woman <input type="checkbox"/>	Gay man <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	Prefer to use own term: .....	Prefer not to say <input type="checkbox"/>
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**How would you describe your religion or belief?**

Buddhist <input type="checkbox"/>	Christian <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	Other - please specify: .....		No religion <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

**Are you a sole carer for a child or relative?**

YES <input type="checkbox"/>	NO <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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**Where did you see this job vacancy?**

Please specify: