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| Equal Opportunities Monitoring Form Plymouth Community Housing is committed to Equal Opportunities in employment. All applicants are asked to complete the following details. This information, which is used solely for monitoring purposes, will be treated as confidential and will be separated on receipt before consideration of applicants’ takes place.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Full name** |  | **Date** | |  | | **Gender** | **Male 🗖 Female 🗖** | **Date of birth** | |  | | **Vacancy applied for** | | |  | | | **Where did you see the vacancy advertised** | | |  | |  |  |  |  |  | | --- | --- | --- | --- | | Do you consider yourself to have a mental or physical disability which has substantial and long term adverse effect upon your ability to carry out normal day to day activities? Yes 🗖 No 🗖 | | | | | If yes, please give brief details, and any facilities or provision you require for attending the interview. | | | | | **Ethnic Origin** - Please tick the box which you feel best describes your ethnic origin | | | | | **WHITE**  British  Irish  Gypsy or traveller  Any other white background |  | **MIXED/MULTIPLE ETHNIC GROUPS**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed/multiple ethnic background |  | |  |  | |  |  | |  |  | | **ASIAN/ASIAN BRITISH**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background |  | **BLACK/AFRICAN BACKGROUND**  African  Caribbean  Any other Black/African/Caribbean Background |  | |  |  | |  |  | |  |  | |  |  | | **OTHER ETHNIC GROUP**  Arab  Any other ethnic group |  | **PREFER NOT TO SAY** |  | |  | |  |  |  |  | | --- | --- | | Please can you also confirm the following: | | | Nationality |  | | Country of Birth |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Religion –** Please tick a box which you feel best describes your religion | | | | | | | None |  | Hindu |  | Sikh |  | | Christian (All denominations) |  | Jewish |  | Any other religion |  | | Buddhist |  | Muslim |  | Prefer not to say |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Sexual Orientation** – Please tick a box which you feel describes your sexual orientation | | | | | | | Heterosexual |  | Gay Woman |  | Other |  | | Gay Man |  | Bisexual |  | Prefer not to say |  | |

I consent to Plymouth Community Homes storing and processing the information provided on this form. I understand that all data provided will be anonymised upon receipt and will be processed solely for monitoring purposes to ensure the Association’s compliance with its equal opportunities policy and equal opportunities legislation. You can withdraw your consent at any time by contacting the Governance Team.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_