

Equal Opportunities Monitoring Form

In line with METRO's Equality Policy, please complete the form below and return it with your application form. Your information will be treated in confidence and used only for the purpose of monitoring in line with our Equality Policy. This will form no part of the application process. Thank you for your assistance.

I Which age group do you fit in?

- 16 - 19.....
- 20 - 24.....
- 25 - 29.....
- 30 - 34.....
- 35 - 39.....
- 40 - 44.....
- 45 - 49.....
- 50 - 54.....
- 55 - 59.....
- 60 - 65.....
- 65 or over

II Are you

- Male
- Female.....
- Trans F to M.....
- Trans M to F.....
- Intersex
- Prefer not to say.....

III Is your current gender the same as the one you were born with?

- Yes.....
- No.....
- Prefer not to say.....

IV How would you describe your sexual orientation?

- Heterosexual/Straight
- Gay
- Lesbian
- Bisexual
- Questioning.....
- Man who has sex with Men.....
- Woman who has sex with Women.....
- Asexual
- Prefer not to say.....
- Other
- If other, please specify _____

V Are you

Asian or Asian British

- Bangladeshi
- Indian.....

- Pakistani
- Chinese
- Vietnamese
- Other Asian background
- If other, please specify _____

Black or Black British

- Caribbean
- African
- Somali
- Other Black background
- If other, please specify _____

White or White British

- British
- Irish.....
- Welsh
- Other White background.....
- If other, please specify _____

Mixed/Dual Heritage

- White & Asian
- White & Black African
- White & Black Caribbean
- Other Mixed background
- If other, please specify _____

Other Ethnic Background

- Eastern European
- Japanese
- South American.....
- Traveller/Gypsy
- Other ethnicity
- If other, please specify _____

VI Do you consider yourself to be disabled?

(Under the Disability Discrimination Act 1995 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities. Since 2005, people with HIV, cancer and Multiple Sclerosis (MS) are covered by DDA)

- Yes
- No
- Prefer not to say

If yes, please state the type of impairment that applies to you. (tick as many as applicable)

Not applicable

Physical impairment (such as difficulty using your arms or mobility issues which means using a wheelchair or crutches)

Learning Disability (such as Down's Syndrome or dyslexia) or cognitive impairment (such as autistic spectrum disorder).....

Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

Mental Health Diagnosis

Sensory impairment (blindness/ serious visual impairment or deafness/having a serious hearing impairment)

Other

If other, please specify _____

VI What is your employment status (please tick the box which is most applicable)

Are you currently:

Self employed

Employed.....

Unemployed

Student.....

Prefer not to say

Other.....

If other, please specify _____

VII Religion or belief (please tick the appropriate box to describe your religion or belief)

Buddhist

Christian

Hindu

Jewish.....

Muslim

Sikh

No religion.....

Prefer not to sat.....

Other

If other, please specify _____
