

HILLHEAD HOUSING ASSOCIATION 2000 EQUAL OPPORTUNITIES MONITORING FORM

To help us monitor our Equal Opportunities Policy and the effectiveness of our recruitment practices we would like you to answer the following questions. You are not however obliged to complete the form.

This information will not be circulated to the selection panel.

1. Post Applied for:

2. Where did you see the post advertised?

3. Are you: Female Male (please circle as appropriate)

4. Do you consider yourself to have a disability? By this we mean a condition which has a long term and substantial effect on your ability to carry out normal day to day activities.

If yes, is it

Physical

Mental Ill Health

Learning Disability

Visual Impairment

Hearing Impairment

Other – please specify

5. Which of the following age band do you belong to?

16 – 25 years

26 – 30 years

31 – 40 years

41 – 50 years

51 – 60 years

over 60 years

6. How would you describe your ethnic origin?

Black African		Chinese	
Black Caribbean		Middle Eastern – (please Specify)	
Black Other –(please specify)		Scottish	
Indian		English	
Pakistani		Irish	
Bangladeshi		Welsh	
Other South East Asian e.g. Vietnamese, Malaysian, Thai		White Other – (please specify)	
Mixed Race (please specify)		Other (please specify)	

7. How would you describe your household?

Minority ethnic

White

Mixed (e.g. Asian/UK)