|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equal Opportunities** | | | | | | |  | | **DV & A Advanced Practitioner – April 2019** | | | | | | |
| Completion of all, or part, of this form is voluntary – this will be kept anonymous and separate from your application form. If you would like to send this form separately, please do. | | | | | | | | | | | | | | | |
| **Leeds Women’s Aid is an equal opportunities employer. To ensure the effectiveness of this policy and to assist in its development, we wish to monitor all applications for employment. If there is any part you would prefer not to complete, please leave blank.**  **The information you provide in this section will be treated as confidential and anonymous will be used for statistical purposes only.** | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Age** | | | |  | | |  | |  | |  | | |  | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Ethnic Origin (please tick)** | | | | | | |  | |  | |  | | |  | |
| **White** | | | **Mixed** | | | **Asian/Asian British** | | | | **Black/**  **Black British** | | | **Other ethnic minority** | | |
| British |  | | White & Black Caribbean | |  | Indian | |  | | Caribbean | |  | Arab | |  |
| Irish |  | | White & Black African | |  | Pakistani | |  | | African | |  | Gypsy, Romany, Irish Traveller | |  |
| Other |  | | White & Asian | |  | Bangladeshi | |  | | Other | |  | Other | |  |
|  |  | | Other | |  | Chinese | |  | |  | |  |  | |  |
|  |  | |  | |  | Other | |  | |  | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Sexuality**  **(please tick)** | | | Heterosexual | |  | Lesbian | |  | | Bisexual | |  | Other/ Do not wish to disclose | |  |
|  | | |  | |  |  | |  | |  | |  |  | |  |
| **Do you consider yourself transgender** | | | Yes | |  | No | |  | | Don’t know | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Are you disabled?** | | | | | | Yes | |  | | No | |  |  | |  |
| Nature of Disability | | | | |  |  | |  | |  | |  |  | |  |
| Mobility |  | | Visual Impairment | |  | Hearing Impairment | |  | | Progressive Disability/Chronic Illness | |  | Mental Health | |  |
| Learning Disability |  | |  | |  | Other | |  | |  | |  | Do not wish to disclose | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Where did you see this vacancy advertised?** |  |  |  |  |  |
|  | | | | | |