

Equal Opportunities Monitoring Form

It is the aim of Acorn Medical Services (AMS) to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, race, colour, religion, marital status, sexuality, age or disability; or, is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable.

This information is used solely for monitoring purposes and will be treated as confidential. The monitoring form will be provided separate to your main application, AMS will be great full if you can return this form together with your application form. Any information provided will not be used as part of the selection process.

To ensure that the equal opportunities policy is adhered to, it is necessary to collect equal opportunities information; however, in no way are you required to complete this form, although your cooperation is greatly appreciated.

How did you hear about us

- | | |
|--|--|
| <input type="checkbox"/> AMS website | <input type="checkbox"/> Agency (please state): |
| <input type="checkbox"/> Job centre advertisement | <input type="checkbox"/> AMS Social media site |
| <input type="checkbox"/> Internet Job Site (please state): _____ | <input type="checkbox"/> Other (please state): _____ |

Your Ethnic Origion?

These categories are based on the Census 2021 categories and recommended by the

Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Asian / Asian British
- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian background (specify if you wish): _____

Black, Black British, Black English, Black Scottish, or Black Welsh

- African
- Caribbean
- Other Black background (specify if you wish): _____

Another ethnic group

- Arab
- Other ethnic group (specify if you wish): _____

White

- British
- English
- Gypsy or Irish Traveller
- Irish
- Scottish
- Welsh
- Other White background (specify if you wish): _____

Mixed

- White and Asian
- White and Black African
- White and Black Caribbean
- White and Chinese
- Other mixed background (specify if you wish): _____

Prefer not to say

Your Gender?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other (please state): _____ |

Your Sexual Orientation?

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other (please state): _____ |
| <input type="checkbox"/> Bisexual | |

Your Age?

- AGE =
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 +
- Prefer not to say: _____

Your Religion and/or belief?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other (specify if you wish): _____

Your Relationships?

- Single
- Married/in a registered same-sex civil partnership
- Separated, but still legally married/in a registered same-sex civil partnership
- Divorced/formerly in a same-sex civil partnership which is now legally dissolved
- Widowed/Surviving partner from a same-sex civil partnership
- Prefer not to say

Disabilities?

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

- Do you consider yourself to be disabled?
- Yes
- No
- Prefer not to say
- Please specify: _____

Mental Health?

- Would you describe yourself as someone who is experiencing or has experienced mental health problems?
- Yes.
- No
- Prefer not to say
- Please specify: _____

Anything else?

- Is there any further information you would like to share? All information is gratefully received and is used to help AMS better our service for new employees/Applicants and for those who use our service.
- No
- Yes
- Please specify: _____

Thank you for taking the time to complete our questionnaire, all information is held in the strictest of confidence, If there is anything you would like to discuss, please do not hesitate to contact us.