

Application Ref
For office use only



ST JOHN STREET
CHAMBERS
www.18sjs.com

EQUAL OPPORTUNITIES MONITORING FORM

STRICTLY CONFIDENTIAL

We aim to practice equal opportunities and will select candidates solely on merit irrespective of race, sex, disability, sexual orientation, religion etc.

In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated below and overleaf.

This information will only be used for monitoring and statistical analysis and will not be passed on to selectors. For the purposes of statistical analysis all information will be anonymised.

Please tick the box to confirm that you agree for the information to be used in the above manner.

PERSONAL DETAILS:

Surname:		Title:	
Forename(s):			

Date of Birth:	
Gender (<i>Male/Female</i>)	
Details of any Disability:	

Do you consider yourself disabled? (<i>Yes/No</i>)	
Are you registered disabled? (<i>Yes/No</i>)	

DECLARATION:

I confirm that the information contained in this application form is accurate.

Signature:	
Date:	

Please complete overleaf and return with your application.

ETHNIC ORIGIN:

Choose ONE section from A to E, then place an 'X' in the appropriate box to indicate your cultural background.

A. WHITE	
(X)	
<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other White background, please specify: <input type="text"/>
B. MIXED	
(X)	
<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other Mixed background, please specify: <input type="text"/>
C. ASIAN OR ASIAN BRITISH	
(X)	
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background, please specify: <input type="text"/>
D. BLACK OR BLACK BRITISH	
(X)	
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Black background, please specify: <input type="text"/>
E. CHINESE OR OTHER ETHNIC GROUP	
(X)	
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other, please specify: <input type="text"/>