

## EQUAL OPPORTUNITIES MONITORING FORM

This form will be used to monitor how Doncaster Alcohol Services compares nationally (and locally) with regard to equal opportunities. It will not be held for any purpose other than monitoring.

This form is optional and anonymous. It does not constitute any part of the recruitment and selection process and is separated from the application form on receipt by a member of staff who is not involved in the recruitment and selection of staff.

Please tick which age group you fall into:

18-24:

25-34:

35-44:

45-54:

55-64:

65-75:

Are you (please tick):

Male:

Female:

Please outline what your marital status is (please tick):

Married:

Single:

Divorced:

Disability:

Do you suffer from a recognised disability as outline in the Disability Discrimination Act or DDA (see end of form for definition)? If so, please state what that disability is:

Please indicate what your ethnic group is. Choose one section from A to E and

tick the appropriate box. (Employers should refer to the Commission for Racial Equality (CRE) website for further categories – the below categories are the English and Welsh categories from the 2001 census – [www.cre.gov.uk/gdpract/em.cat.ew.html](http://www.cre.gov.uk/gdpract/em.cat.ew.html))

A

White

British

Irish

Any other White background, please write in:

B

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in:

C

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian Background, please write in:

D

Black or Black British

Caribbean

African

Any other Black background, please write in:

E

Chinese or other ethnic group

Chinese

Any other, please write in:

Where did you find out about the job vacancy for which you are applying (please tick)?

Newspaper:

Company website:

Agency:

Executive Search:

Other: Please state:

#### DISABILITY DEFINITION

Individuals who were registered under the Disabled Persons (Employment) Act 1944 on both 12 January 1995 and 2 December 1996 are treated as being disabled under the DDA.

The DDA states: “a person has a disability ... if he has a PHYSICAL OR MENTAL IMPAIRMENT which has a SUBSTANTIAL and LONG-TERM ADVERSE EFFECT on his ability to carry out NORMAL DAY-TO-DAY ACTIVITIES”.

The person must satisfy the four criteria in capitals in the above statement to fall under, and therefore be protected under, the DDA.