



## **EQUAL OPPORTUNITIES MONITORING FORM**

Streetlight UK monitors responses to our contract workers/volunteers recruitment processes as a part of our Equal Opportunities Policy. Please fill in the details below. This will help us to produce statistical information to monitor effectiveness of our Equal Opportunities Policy. The form is detached from the application form, and is not viewed by the Recruitment Panel.

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Post Applied For:							
Where did you see the post advertised?							
Gender What is your gender gender identity you in		· · · ·	ergoing g	ender reassignme	nt, please use the		
Male Female / Prefer not to say							
<b>Gender identity</b>							
Do you identify as transgender/transsexual?							
Yes No / Prefer not to say							
Ethnic group							
How would you describe your nationality and/or ethnicity (please tick)?							
A White:		B Mixed race:		C Asian or Asian British:			
British – English /, Scottish or Welsh		White and Black Caribbean		Indian			
Irish		White and Black African		Pakistani			
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Other White background		White and Asian	Banglad	eshi
ū		Other Mixed background	Other As	<u> </u>
D Black or Black		E Chinese and other		
British:		groups:		
Caribbean		Chinese	Prefer no	ot to say
African		Other ethnic group		
Other Black background				
Age				
What is your age (	please tick)?			
16–17 <u> </u>	18–21 [ 61–65 [	22–30 <u> </u>	31–40 71+	41–50 Prefer not to say
Sexual orientation	1			
How would you de	scribe your	sexual orientation (pl	ease tick)?	
Heterosexual / Gay man		Bisexual Gay woman / lesbian	Prefer not to Other – plea us	<del>-</del>
If you are lesbian,	gay or bisexu	ual, are you open abo	ut your sexual orie	ntation?
At home With colleagues With your manager	Yes	Partiall	y No	
At work general	ly 🗌			
Religion or belief				
Please describe yo	ur religion o	r other strongly-held	belief.	
I would describe Christian /	e my religion	or belief as:		
I have no partice Other Prefer not to say		or belief		

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## **Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes /	No	
Used to have a disability but	Don't know	
have now recovered		
Prefer not to say		

Thank you for completing this form.

Please return it with your application form to: info@streetlight.uk.com