

## Equal Opportunities Monitoring

Fairoak Housing Association is committed to a policy of equality of opportunity throughout all aspects of its work including the services it provides to its customers and in its employment practices.

Fairoak Housing Association will promote positive action to ensure that under-represented groups are enabled and encourage to take advantage of employment opportunities with us. Employees are selected solely on merit, irrespective of gender, age, marital status, race, colour, nationality, ethnic or national origin, religion, disability and sexual orientation.

Completion of this form is not compulsory, however, information provided will be held separately from your application form and will be used for monitoring purposes only. Those directly involved with the recruitment process will not view this form.

Your name:		
Your date of birth:		
Position applied for:		
What best describes your gender?	Male / Female / Non Binary / Prefer not to say / Unsure	
Do you have a disability?	Yes / No	
of this document. The Disability Discriminatio	, please complete Disability Monitoring form at the end n Act 1995 defines disability as: <i>"a physical or mental</i> <i>term adverse effect on the ability to carry out normal</i>	
Please state your ethnic origin:		
the world they feel most strongly linked with,	by ethnic origin enables people to identify with the area of whether through family or cultural ties or religious tive of your nationality, citizenship or place of birth. The	
Asian, Asian British or Arab	Black, Black British, Caribbean or African	
Indian	Caribbean	
Pakistani	African	
Bangladeshi Arab	Any other Black, Black British or Caribbean background	
Mixed or Multiple Ethnic Groups	White	
White and Black Caribbean	English, Welsh, Scottish, Northern Irish or British	
White and Black African	Irish	
White and Asian	Gypsy or Irish Traveller	
Any other Mixed or multiple ethnic backgrour		
	Any other White background	



## **Disability Monitoring Form**

The following information is needed so all applicants who have a disability and meet the minimum criteria for this position, are offered an interview. If you answered Yes to the question "Do you consider yourself to have a disability", please indicate the type of disability you consider yourself to have below:

	Primary Disability	Secondary Disability	Office Use
Problems with arms, hands			01
Problems with legs, feet			02
Problems with neck, back			03
Difficulty in seeing			04
Difficulty in hearing			05
Speech impediment			06
Skin conditions, allergies			07
Chest, breathing problems			08
Heart, blood pressure			09
Stomach, liver, kidney, digestion			10
Diabetes			11
Mental illness			12
Epilepsy			13
Learning difficulties			14
Progressive illness not covered above			15
Other disability (see below)			16
Prefer not to say			00
Should you feel it necessary, please supp	ly further details:	•	

if you are selected for an interview?