



Confidential Equal Opportunities Form

To ensure the effectiveness of Entrust Social Care's Equal Opportunities Policy, we ask that you provide the information requested below. Your answers will be treated in the strictest confidence and used only for statistical monitoring purposes. Your answers will not be taken into consideration in the recruitment process. If there is any question you would prefer not to complete, you may leave it blank.

Gender Male Female

Age

Description of Ethnic Origin

- Black Caribbean
 Black African
 Bangladeshi
 Any other black background:

Please state _____

- Indian
 Pakistani
 Chinese
 White

Any other background:

Please State _____

Description of Nationality

- African
(Please state) _____
 Australian
(Please state) _____
 European
(Please state) _____
 Irish
(Please state) _____

- Caribbean
(Please state) _____
 Asian
(Please state) _____
 British
(Please state) _____
 Any other Nationality
(Please state) _____

Sexual Orientation

- Heterosexual Gay Bisexual Transgender

The 1995 Disability Discrimination Act (2004 amended) defines a disabled person as someone who 'has a physical or mental impairment which has a substantial and long term effect on his ability to carry out normal day-to-day activities'

Do you consider yourself to have a disability?
Please state on separate sheet

Yes No

Name:

Date: