

Monitoring form



Flagship is committed to promoting diversity and equal opportunities. To help us monitor our recruitment process we request you complete this questionnaire. The form will be kept confidentially and will not be seen by the staff responsible for shortlisting.

Position applied for			
Location:		Date of Birth:	
Surname:		First names:	

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Other

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
Are there any reasonable adjustments you would wish us to make?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Ethnic origin - How would you best describe your ethnic origin? (Please tick one)				
White:	<input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Other	
Mixed White & Black:	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
Asian or Asian British:	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Other
Black or Black British:	<input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Other	
Other ethnic group:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Arab	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Sexual orientation - How would you best describe your sexual orientation? (Please tick one)			
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual (Lesbian/gay)	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Religion / belief - How would you best describe your religion / belief? (Please tick one)				
<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish	<input type="checkbox"/> Hindu	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Sikh	<input type="checkbox"/> Other _____	<input type="checkbox"/> No religion	<input type="checkbox"/> Prefer not to say	