

# SCOTTISH PARTNERSHIP FOR PALLIATIVE CARE

## Equal Opportunity Monitoring Form - Strictly Confidential

We are committed to eliminating discrimination from recruitment and selection practices. We will take steps to ensure that candidates are recruited, trained and promoted on the basis of ability and the requirements of the job. To monitor this policy we require the following information. It will be used for this purpose only, will form no part of the interviewing process and will be treated in strict confidence. This sheet will be detached from your application form on receipt and will not be shown to the interviewing panel.

### PLEASE COMPLETE IN BLOCK CAPITALS AND BACK INK

POST APPLIED FOR \_\_\_\_\_ AGE (Optional) \_\_\_\_\_

PART TIME/FULL TIME \_\_\_\_\_ NATIONALITY \_\_\_\_\_

### PLEASE TICK APPROPRIATE BOX

<b>1.</b>	<b>ETHNIC ORIGIN</b> (Based on classifications recommended by the Commission for Racial Equality)  Black - African <input type="checkbox"/> Black - Caribbean <input type="checkbox"/> Black - Other <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Please specify _____
<b>2.</b>	<b>DISABILITY</b>  Do you consider yourself disabled as defined by the Disability Discrimination Act? ie Do you have a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities?  YES <input type="checkbox"/> NO <input type="checkbox"/>  If yes, please state briefly the nature of your disability
<b>3.</b>	<b>MARITAL STATUS</b>  Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
<b>4.</b>	<b>SEX</b>  Male <input type="checkbox"/> Female <input type="checkbox"/>