

EQUALITY MONITORING FORM

Age UK Hounslow operates an Equal Opportunity Employment Policy and we would be grateful if you could complete the following monitoring form. All information will be treated in the strictest confidence and the form will be kept in your individual personnel / trustee file.

Name:					Title:		
Position:							
Date of birth:							
Sex at birth:							
Marital status	:						
Please indicate what your ethnic group is. Choose one section and tick the most appropriate box. (Your ethnic origin is your ancestral origin and not your nationality or place of birth)							
White		Black		Mixed			
□ White		☐ Black/Black British ☐ M		☐ Mix	xed		
□ British		☐ Caribbean ☐ V		\square Wh	hite/Black Caribbean		
□ Irish		□ African		□Wh	☐ White/Black African		
				□Wh	nite and As	sian	
As	sian		raveller				
☐ Asian/Asian British ☐ Other (Please specify)							
☐ Indian	□ Indian						
☐ Pakistani							
☐ Bangla	Bangladeshi						
☐ Chines	Chinese						



Do you suffer from a recognized disability as outlined in the Disability Discrimination Act 1995?						
□ No	□ Yes					
If yes, please state what that disability is:						
I have completed the details required in this document and declare to the best of my knowledge the information given is correct. I consent to it being held on file under the terms of the Data Protection Act 1998.						
	Act 1995? No state what that disability eted the details required in the information given is					