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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EQUAL OPPORTUNITIES FORM** | | | | | | | | | | | | | | | | | | | | |
| Naz Legacy Foundation is committed to equal opportunities, selecting staff only on the basis of their ability to do the job. The information requested below will be kept separate from your application and will be treated in the strictest confidence. Please help us to monitor the implementation of the policy by completing this form. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Job title** (for the post you are applying for) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Where did you learn of this vacancy?** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Please tick (√) your answers to the following questions as appropriate:** | | | | | | | | | | | | | | | | | | | | |
| **Sex** | | | | | | | | | | | | | | | | | | | | |
| Male |  | Female | | |  | Prefer not to say | | | | | | | | | | | | | | |
| **Age** | | | | | | | | | | | | | | | | | | | | |
| Under 21 |  | 21-25 | | |  | | 26-30 | |  | | | 31-35 | | |  | | 36-40 | |  |  |
| 41-45 |  | 46-50 | | |  | | 51-55 | |  | | | 56-60 | | |  | | Over 60 | |  |  |
|  | | | | | | | | | | | | | | | | | | | | |
| **Ethnic origin** | | | | | | | | | | | | | | | | | | | | |
| Black African | | |  | Black Caribbean | | | | | |  | | | Black other (please specify): | | | | | | | |
| Indian | | |  | Pakistani | | | | | |  | | | Asian other (please specify): | | | | | | | |
| Bangladeshi | | |  | Chinese | | | | | |  | | | Black other (please specify): | | | | | | | |
| White British | | |  | White European | | | | | |  | | | White other (please specify): | | | | | | | |
| Middle Eastern | | |  | Hispanic | | | | | |  | | | Other (please specify): | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Disability** | | | | | | | | | | | | | | | | | | | | |
| Do you consider yourself disabled? | | | | | | | | Yes | | |  | | | No | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Thank you for helping us. Please return this form with your application.** | | | | | | | | | | | | | | | | | | | | |