

# EQUAL OPPORTUNITIES QUESTIONNAIRE

Name..... Date of Birth.....

Post Applied For.....

Location.....

## A. Ethnic Origin (the following categories are as specified by the commission of Racial Equality)

I would describe my ethnic origin as:

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Black-African               | <input type="checkbox"/> Indian      | <input type="checkbox"/> Chinese               |
| <input type="checkbox"/> Black-Caribbean             | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> White                 |
| <input type="checkbox"/> Black-other (specify below) | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other (specify below) |

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## B. Sex

- Male  
 Female

## C. Marital Status

- Married  
 Single

## D. Dependent Relatives

- Yes  
 No

Please give details including ages(s):

## E. Disabilities

Do you consider yourself disabled?  Yes  No

If 'yes', then please briefly describe the nature of your disability:

Are you registered disabled?  Yes  No

Certificate number..... Expiry date.....

This Practice is committed to ensuring that its employment practices are free from all forms of unfair discrimination. We will take all necessary steps so that its employees are recruited, managed, trained and promoted on the basis of ability, the requirements of the job and the need to maintain an efficient and effective service.

We will treat all prospective and existing employees in accordance with their personal abilities and without reference to their sex, race, colour, nationality, marital status, disability, sexual orientation, creed or religion.

