**Equal Opportunities Monitoring Form Post: ILP Support Worker**

**Please return this form in a separate email to** **elizabeth@ymcalurgan.org** **by Wednesday 22nd January at 4pm. This section will be separate from your application and will be used solely for monitoring purposes. Your answers will be treated in strict confidence and will not be made known to those involved in shortlisting or interviewing.**

###### The YMCA recognises and actively promotes the benefits of a diverse workforce and is committed to treating all applicants and employees with dignity and respect regardless of race, gender disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

### **COMMUNITY**

###### Please indicate the community to which you belong by ticking, underlining or circling the appropriate boxes below.

**Religion:**

###### • Roman Catholic • Protestant • No religious background • Other religious background

###### **White:**

###### • British • Irish • Any other white background

**Mixed:**

###### • White & Black Caribbean • White & Black African • White & Asian • Any other mixed background

###### **Black:**

###### • Caribbean • African • Any other Black background

**Asian:**

###### • Indian • Pakistani • Bangladeshi • Any other Asian background

###### **Chinese or Other Ethnic Group:**

###### • Chinese • Other Ethnic Group\* please specify

**Gender**

If you wish you may provide information about your sexual orientation here: 

**DATE OF BIRTH** 

**DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?** • Yes • No

The Disability Discrimination Act defines disability as “A physical or mental impairment which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities”.

If yes, please state nature of disability.

Office Use Ref No