

Equal opportunities monitoring form

Unique identification number:

(For office use only)

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

Age

- Prefer not to say
- School age
- Over school age - 17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

Disability

Do you have a disability?

- Prefer not to say
- Yes, I am aware I have a disability
- No, I don't have a disability
- As far as I am aware, I don't have a disability

You will be considered as having a disability for discrimination purposes if you fit the definition as given in the Equality Act 2010. In the Act, a disability is a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities.' For these purposes, 'long term' is taken to mean the condition is likely to last longer than 12 months or likely to recur.



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Ethnicity

- Prefer not to say

Asian or Asian British

- Bangladeshi
 Indian
 Pakistani
 Other Asian background (Please specify _____)

Black or Black British

- African
 Caribbean
 Other Black background (Please specify _____)

Chinese and other groups

- Chinese
 Other ethnic group (Please specify _____)

Mixed race

- White and Asian
 White and Black African
 White and Caribbean
 Other Mixed background (Please specify _____)

White

- British
 Irish
 Other White background (Please specify _____)

Religion or belief

- Prefer not to say
 Buddhist
 Christian
 Hindu
 Jewish
 Muslim
 Sikh
 Other (Please specify _____)
 No religion



Gender

- Prefer not to say
- Male
- Female
- Transgender
- Other (Please specify _____)

Sexual orientation

- Prefer not to say
- Lesbian
- Gay man
- Bisexual
- Transsexual
- Queer
- Intersex
- Asexual
- Heterosexual/straight
- Other (Please specify _____)

Connection with Pulmonary Fibrosis / respiratory conditions

- I have pulmonary fibrosis
- I have another respiratory condition (Please specify_____)
- I am a carer, family member or close friend of someone with pulmonary fibrosis
- I am a carer, family member or close friend of someone diagnosed with another respiratory condition

Data protection statement

The Charity uses this information to review compliance with its policies on equal opportunity in relation to recruitment. We will use this data to inform our statistics on the representation of the categories of individual as shown above. We will treat all personal information in line with current data protection legislation and our data protection policy. For more information on how we use the information you have provided, please see our privacy notice for job applicants which is located at <https://www.actionpf.org/policies/privacy>.

In order for us to process this information and to comply with data protection legislation, we require your consent. You are not required to give your consent; you acknowledge that any consent given is freely given. Your job application is not dependent on your giving consent to our processing of this data.

Including your signature below will signify your consent to our processing of this information. Once you have given consent, you may withdraw it at any time by contacting info@actionpf.org.

Signature:

Date:

