Equal Opportunities Monitoring Form

AFS is committed to equal opportunities. We collect information about all our staff and trustees to help us monitor our equalities practice. You can help by completing this form.

*Please note: This page will be separated from your application form and will not be seen by the selection panel.*

1. How would you describe your ethnic origin?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Are you:

Female [ ]  Male [ ]  Other identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. What age group are you? Please tick/check one

|  |  |  |  |
| --- | --- | --- | --- |
| 20-2940-4960 or over | [ ] [ ] [ ]  | 30-3950-59 | [ ] [ ]  |

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1. Are you disabled?

Yes [ ]  No [ ]

1. Please outline any access requirements you have.
2. Where did you find out about this post?