



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. You should not put your name on this form.

1. How would you describe your ethnic origin?

2. Are you:

Female Male Transgender

3. What age group are you? Please tick/check one

20-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>
40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>
60 or over	<input type="checkbox"/>		

4. Are you disabled?

Yes No

5. Please outline any access requirements you have.