



BHA MONITORING FORM

In order that BHA maintains a fully representative structure in respect of its Equal Opportunities Policy, we would appreciate your co-operation in completing this form.

Any information given will be held in the strictest confidence and will have no bearing whatsoever on the success of any application. Should you prefer, the Monitoring Form may be returned to us separately from the main body of the application

This form will be kept separate from the application form and will not be seen by the sift or interview panel. Assessment of your suitability for the post is made purely on the information you give on the application form and your performance at the interview should you be invited. Appointments are made strictly on merit. We hope that this encourages you to complete the form.

GENDER

(Please tick where appropriate)

Male Female

AGE

16-25 36-50
 26-35 51+

ETHNIC ORIGIN

Which group do you identify with? Please tick one box. The options are listed alphabetically.

| | |
|---|--|
| <p>Asian</p> <p>Bangladeshi <input type="checkbox"/></p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Any other Asian Background <input type="checkbox"/></p> <p>(specify if you wish)</p> <p>-----</p> | <p>Black</p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> <p>(specify if you wish)</p> <p>-----</p> |
|---|--|

| | |
|--|---|
| <p>Chinese</p> <p>Any Chinese Background <input type="checkbox"/></p> <p>(specify if you wish)</p> <p>-----</p> | <p>Mixed Ethnic background</p> <p>Asian and White <input type="checkbox"/></p> <p>Black African and White <input type="checkbox"/></p> <p>Black Caribbean and White <input type="checkbox"/></p> |
|--|---|

Any other mixed Ethnic background (specify if you wish)

White
White background (specify if you wish)

Any other Ethnic background (specify if you wish)

If none of the above categories apply, please describe your ethnic identity:

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SEXUALITY

Heterosexual
Bisexual
Other _____

Gay
Lesbian

DISABILITY

Are you registered disabled: Yes No

If yes please give details:

Access Requirements

BHA would like to thank you for your co-operation in completing this form.