

## Equal Opportunities Monitoring Form

Sarah Wigglesworth Architects are committed to being an equal opportunity employer and promote a diverse and inclusive community.

We ask you to help us monitor and achieve this by completing this form along with your CV and/or application. The information you provide is used for no other purpose and will be treated as confidential. This form will be separated from your application upon receipt and will not be seen by anyone involved in the recruitment process.

Job role you are applying for: .....

1. How did you hear about this post? .....

2. What is your nationality? .....

3. Which gender do you identify with?

<input type="checkbox"/> Man	<input type="checkbox"/> Transgender
<input type="checkbox"/> Woman	<input type="checkbox"/> Non-binary
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Intersex
<input type="checkbox"/> Other preferred description.....	

4. Do you consider your identity to be different from your registered sex at birth?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Prefer not to say

5. Which age category are you in?

<input type="checkbox"/> 16-24	<input type="checkbox"/> 55-64
<input type="checkbox"/> 25-34	<input type="checkbox"/> 65+
<input type="checkbox"/> 35-44	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> 45-54	

**6. Do you consider yourself to have a disability according to the definition in the Equality Act 2010?**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
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The Equality Act defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. If you have a condition which fits the definition, please tick 'Yes' even if you are not limited by your condition.

**7. What is your Ethnic Group? Please choose one option that best describes your ethnic background**

<b>Asian or Asian British</b> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	<b>Black or Black British</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black/Caribbean/African background
<b>Mixed/Multiple ethnic group</b> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/Multiple ethnic background	<b>White</b> <input type="checkbox"/> English/Welsh/Scottish/Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background
<b>Other ethnic group</b> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic background	<input type="checkbox"/> Prefer not to say

**8. What is your religion or belief?**

<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian (all denominations) <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> No religion or belief / Atheist <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not sure <input type="checkbox"/> Any other religion or belief .....
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**9. What is your sexual orientation?**

<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning
<input type="checkbox"/> Gay	<input type="checkbox"/> Intersex
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Allies
<input type="checkbox"/> Queer	<input type="checkbox"/> Asexual
<input type="checkbox"/> Heterosexual/straight	<input type="checkbox"/> Pansexual
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other .....

**10. Do you have responsibility for dependants? (Dependants relates to children, or elderly or other person for whom you are the main carer.)**

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Prefer not to say

**11. What type of school did you mainly attend between the ages between the ages 11 and 16?**

<input type="checkbox"/> UK state run or funded school (selective on academic, faith or other grounds)
<input type="checkbox"/> UK state run or funded school (non-selective)
<input type="checkbox"/> UK independent/fee-paying school (bursary)
<input type="checkbox"/> UK independent/ fee-paying school (no bursary)
<input type="checkbox"/> Attended school outside of the UK
<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Don't know
<input type="checkbox"/> Other .....

**12. What is the highest level of qualifications achieved by either of your parent(s) or guardian(s) by the time you were 18?**

<input type="checkbox"/> At least one has a degree level qualification
<input type="checkbox"/> Qualifications below degree level
<input type="checkbox"/> No formal qualifications
<input type="checkbox"/> Don't know
<input type="checkbox"/> Not applicable
<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other.....

## Data Protection Statement

Thank you for completing this short form. SWA uses this information to review compliance with its policies on equal opportunity in relation to recruitment. 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 on our website or contact us at [mail@swarch.co.uk](mailto:mail@swarch.co.uk)

In order for us to process this information and to comply with data protection legislation, we require your consent. 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 us at [mail@swarch.co.uk](mailto:mail@swarch.co.uk)

Applicant Signature: .....

Date: .....