



### Equal Opportunities

We would like to ask you a few additional questions which will help us to monitor our equal opportunities policy. Any information given in this section will **not be** used in the selection process. The information that you provide will be held separately from your application and will be used for equal opportunities monitoring purposes only.

Please put an 'X' in the box to the left of the relevant answer.

If you choose to complete this form, please return it with your application documents to [a.lomax@dtp.uk.com](mailto:a.lomax@dtp.uk.com)

Age	
	Less than 25 years old
	25 – 29 years old
	30 – 34 years old
	35 – 39 years old
	40 – 44 years old
	45 – 49 years old
	50 – 54 years old
	55 – 59 years old
	60 – 64 years old
	65 + years old
	Prefer not to say

Gender	
	Male
	Female
	Intersex
	Non-binary
	Prefer not to say

Gender Reassignment – do you live in a gender different to the one given at birth?	
	Yes
	No
	Prefer not to say

Sexual Orientation	
	Bisexual
	Gay
	Heterosexual
	Lesbian
	Prefer not to say

Marital Status	
	Single
	Married
	Divorced
	Partner
	Widowed
	Prefer not to say

Ethnic Origin	
	Asian or Asian British – Bangladeshi
	Asian or Asian British - Indian
	Asian or Asian British - Other Asian Background
	Asian or Asian British - Pakistani
	Black or Black British - African
	Black or Black British - Caribbean
	Black or Black British - Other Black Background
	Chinese
	Chinese - Other Ethnic Group
	Gypsy
	Mixed Heritage - Other Mixed Background
	Mixed Heritage - White and Asian
	Mixed Heritage - White and Black African
	Mixed Heritage - White and Black Caribbean
	White - British
	White - English
	White - Irish
	White - Other White Background
	White - Scottish
	White - Welsh
	Prefer not to say
	Other – please specify

Religion or Belief	
	Baha'i
	Buddhism
	Christianity
	Hinduism
	Jainism
	Jewish
	Muslim
	Rastafarianism
	Sikhism
	Zoroastrians (Parsi)
	Islam
	None
	Prefer not to say
	Other – please specify

**Disability - Under the Equality Act 2010, a person has a disability if he or she has 'physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'. Do you consider yourself to have a disability?**

	Yes
	No
	Prefer not to say