

**PROSPECT HOUSING AND SUPPORT SERVICES
CONFIDENTIAL
EQUAL OPPORTUNITIES MONITORING FORM**

Prospect Housing and Support Services monitors on its applications for employment and services. This is to ensure that access is being given on a fair basis. Monitoring allows us to identify if discrimination is taking place, so we can consider ways to redress inequality.

Please tick the boxes that apply to the applicant.

Post applied for: _____

<p>1. Age Tick one</p> <p>Under 18 years <input type="checkbox"/></p> <p>18 – 35 <input type="checkbox"/></p> <p>36 – 54 <input type="checkbox"/></p> <p>55 – 64 <input type="checkbox"/></p> <p>65 – 74 <input type="checkbox"/></p> <p>75 – 84 <input type="checkbox"/></p> <p>Over 85 <input type="checkbox"/></p>	<p>3. Religious Belief Tick one</p> <p>None <input type="checkbox"/></p> <p>Christianity (including Church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/></p> <p>Buddhism <input type="checkbox"/></p> <p>Hinduism <input type="checkbox"/></p> <p>Judaism <input type="checkbox"/></p> <p>Islam <input type="checkbox"/></p> <p>Sikhism <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>
<p>2. Ethnic Origin Tick one</p> <p>White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>Mixed</p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>Chinese or Other Ethnic Group</p> <p>Chinese <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<p>4. Disability Tick one</p> <p>None <input type="checkbox"/></p> <p>Physical Impairment <input type="checkbox"/></p> <p>Sensory Impairment <input type="checkbox"/></p> <p>Learning Disability <input type="checkbox"/></p> <p>Frail due to age <input type="checkbox"/></p> <p>Mental ill-health <input type="checkbox"/></p> <p>Health problem <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p>5. Gender Tick one</p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p> <p>6. Sexuality Tick one</p> <p>Bisexual <input type="checkbox"/></p> <p>Gay <input type="checkbox"/></p> <p>Lesbian <input type="checkbox"/></p> <p>Heterosexual <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>