

ON-LINE MONITORING FORM

We are committed to ensuring equality of opportunity in employment for all and to take action to avoid discrimination. In order to ensure these policies are being followed, and for no other purpose, all applicants are asked to provide the following information, which will be treated in the strictest confidence and will not form part of the selection process.

(Please complete the white sections, each box will expand accordingly as you type.

Use your mouse to move the cursor to the next appropriate white box, do not use the "Tab" button)

POST APPLIED FOR	Customer Services Section Head
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LAST NAME		FIRST NAME	
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MALE/FEMALE		DATE OF BIRTH	
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WHAT IS YOUR NATIONALITY?	
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WHAT IS YOUR ETHNIC GROUP? Please answer one section from A to F (these ethnic categories reflect the 2001 census)

Please double click the appropriate white box and click on the "checked" box and then "ok"

A) WHITE	
British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other white background, please specify	

B) MIXED	
White & Black Caribbean	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
Any other mixed background, please specify	

C) ASIAN OR ASIAN BRITISH	
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background, please specify	

D) BLACK OR BLACK BRITISH	
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black background, please specify	

E) CHINESE OR OTHER ETHNIC GROUP	
Chinese	<input type="checkbox"/>
Any other ethnic background, please specify	

F) Not known	<input type="checkbox"/>
Do not wish to specify	<input type="checkbox"/>

Do you consider yourself to have a disability, if so, please give details	
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How did you hear about this vacancy?

All personal data will be stored securely in accordance with the Data Protection Act. All data relating to unsuccessful applications will be destroyed after 6 months.