

RESTRICTED



EQUAL OPPORTUNITY STATEMENT (POLICE OFFICERS)

Hampshire Constabulary is an equal opportunity employer and determined to ensure that no applicant or employee:

- (a) Receives less favourable treatment on the grounds of sex or marital status, sexual orientation, colour, race, nationality, ethnic or national origins: or
- (b) Is disadvantaged by conditions or requirements, which cannot be shown to be justified by the requirements of the job.

We also seek to ensure that employees are not victimised or sexually harassed. In accordance with the Codes of Practice issued by the commission for Racial Equality and the Equal Opportunities Commission, the Police Service records the ethnic origin, and gender of people who apply for appointment.

To help monitor the effectiveness of our Equal Opportunities Policy, Hampshire Constabulary would be grateful if you would complete this form. This information will be treated in the strictest confidence.

Post applied for:

Rank:

Name:

Collar No. (Internal Only):

Date of Birth:

Please tick the appropriate boxes:

Age: 18-24 25-35 36-60

Gender:

Female Male Transgender

Sexual Orientation:

Gay/Lesbian Bisexual Heterosexual Prefer not to say

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What is your ethnic group?

White:

- British
- Irish
- Other White

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Other Mixed

Asian or Asian British:

- Indian
- Pakistani
- Bangladeshi
- Other Asian

Black or Black British

- Caribbean
- African
- Other Black

Chinese or Other Ethnicity:

- Chinese
- Other Ethnicity

Undeclared

What is your religion?

- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- None

Hampshire Constabulary recognises its responsibilities under the Disability Discrimination Act 1995 and welcomes applications from people with disabilities. Further than this, if an applicant has a disability as defined by the Act and meets all the essential requirements of the post, s/he will receive an interview. In order to ensure we meet these aims, please complete the following sections.

Do you consider yourself to have a disability?

- Yes
- No

If YES, please indicate whether you have any special needs or requirements that we need to take account of: