



**Equality & Diversity Monitoring Form**

**Please complete the form including the reason for completion and return to the Department or unit that has requested it.**

**Note: Not all the questions may be relevant, if you feel unsure as to which ones are required, please contact the requesting Department for clarification.**

Reason for Completing form:	
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e.g.  
 (To accompany Application form (specify role)),  
 (To accompany Training request (Specify course))  
 (Occupational Health reasons)

Officer / Staff	...		
Rank / Scale			
Name:			
Date of Birth		Collar no. ( Internal only)	
Sex	...	Sexual Orientation	...
Race	...		
Faith / Belief	...		

Do you consider yourself to have a disability?	...
If YES, please indicate whether you require any assistance or adjustments that need to be considered as part of the application and interview process:	

**Please be advised that if you have stated YES to declaring a Disability, the short listing panel will be notified to allow positive action to take place. If you request to opt out of the panel being notified, please indicate:**

I prefer for this information not be disclosed to the panel at application/short listing