

Company Personnel Manual

Equal Opportunities Record

The company is committed to the successful development of an equal opportunity policy in relation to the recruitment and selection of staff.

To assist in the implementation and monitoring of this policy, in terms of a review, would you please complete the following?

NAME..... DATE of BIRTH.....

1. I would describe my race or cultural origin as (please tick one box):

Asian Bangladesh	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
Asian Pakistan	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Asian Other (please describe)	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>
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Black African	<input type="checkbox"/>	Do not wish to state	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Ethnic Origin	
Black Other (please describe)	<input type="checkbox"/>		

2. My sex is (please tick one box):

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

3. My age is (please tick one box):

16-19	<input type="checkbox"/>	20-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>	40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>	60+	<input type="checkbox"/>
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4. Are you a person with a disability? YES / NO

If yes, are you registered? YES / NO

If you are, please provide your registered number: