**EQUALITY MONITORING FORM (EOM)**

Middlesbrough Football Club Foundation is committed to ensuring that applicants and employees from all sections of the community are treated equally and not discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

This form assists us in monitoring who is applying for employment with us, and our adherence to equal opportunities ‘best practice’. Any information you give will only be used by our HR department for the purpose of ensuring the effectiveness of our Equal Opportunities Policy. This form will be separated from your application, on receipt, and will be treated in the strictest confidence. It will not be retained on your personnel file. The information supplied on this form is used for monitoring and statistical purposes only, it does not play any part of the recruitment process.

You are not obliged to answer any questions but the more information you supply the more effective our monitoring will be. Thank you for your co-operation.

**Position being applied for Date of application**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you see this post advertised?**

[ ]  Company website

[ ]  Friend

[ ]  Other website (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you?**

[ ]  Male [ ]  Female

[ ]  I prefer not to answer this question [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your age?**

[ ]  16 – 24 [ ]  25 – 34 [ ]  35 - 44 [ ]  45 – 54

[ ]  55 – 64 [ ]  65 – 74 [ ]  75+

1. **Do you consider yourself to have a disability?**

[ ]  Yes [ ]  No [ ]  I prefer not to answer this question

**If yes, how would you describe your impairment? *Please tick all the boxes that apply to you.***

[ ]  Hearing impairment (deaf or hard of hearing)

[ ]  Visual impairment (blind or partially sighted)

[ ]  Physical impairment – ambulant (I do not use a wheelchair)

[ ]  Physical impairment – wheelchair user

[ ]  Learning impairment/disability (e.g. Down’s syndrome etc.)

[ ]  Learning difficulty (e.g. movement co-ordination difficulty, dyslexia etc.)

[ ]  Social/Communication impairment (e.g. Autistic Spectrum Disorder, Asperger’s Syndrome, etc.)

[ ]  Long term illness (e.g. Cancer, HIV+ etc.)

[ ]  Mental Health Condition (e.g. Depression, Schizophrenia, etc.)

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I prefer not to answer this question

1. **What is your ethnic group? Please choose from one category (A-E) then tick one box only.**
2. ***White***

[ ]  Welsh [ ]  English/Scottish/Northern Irish/British [ ]  Irish

[ ]  Gypsy or Irish Traveller [ ]  Other white background (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Mixed/multiple ethnic groups***

[ ]  White and Black Caribbean [ ]  White and Black African [ ]  White and Asian

[ ]  Other mixed/multiple ethnic background (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Asian/Asian British***

[ ]  Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese

[ ]  Other Asian background (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Black/African/Caribbean/Black British***

[ ]  African [ ]  Caribbean

[ ]  Other Black/African/Caribbean background (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Other ethnic group***

[ ]  Arab [ ]  Other ethnic group (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I prefer not to answer this question

1. **What is your religion or belief?**

[ ]  No religion [ ]  Christian (all denominations) [ ]  Buddhist

[ ]  Hindu [ ]  Jewish [ ]  Muslim

[ ]  Sikh [ ]  I prefer not to answer this question

[ ]  Any other religion (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If you have undergone, are undergoing, or intend to undergo gender reassignment, are you?**

[ ]  Transgender with an acquired gender of male [ ]  Transgender with an acquired gender of female

[ ]  I do not wish to disclose this [ ]  Not applicable

1. **How would you describe your sexual orientation?**

[ ]  Bisexual [ ]  Gay Man [ ]  Gay woman/lesbian [ ]  Heterosexual/straight

[ ]  I prefer not to answer this question [ ]  Other sexual orientation (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are you currently?**

[ ]  Married [ ]  In a civil partnership [ ]  Neither [ ]  Prefer not to answer

1. **Are you currently?**

[ ]  Pregnant

[ ]  Within 26 weeks of having given birth *(NB this is the definition used for maternity in the Equality Act 2010)*

[ ]  I do not wish to disclose this

[ ]  Not applicable

**Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Many thanks for taking the time to complete this questionnaire, for your honesty and for assisting us with our continued commitment to equality.