

# DERIAN HOUSE CHILDREN'S HOSPICE

## STRICTLY CONFIDENTIAL

### Equal opportunities questionnaire

To assist us in the monitoring of our equal opportunities in employment policy, we hope you will take time to complete this form. Please complete all sections, the information you provide is confidential and will not be shared with any other party.

<b>1. ETHNIC ORIGIN</b>
<b>A White</b>
<input type="checkbox"/> English/ Welsh/ Scottish/Northern Irish/British
<input type="checkbox"/> Irish
<input type="checkbox"/> Gypsy or Irish Traveller
<input type="checkbox"/> Any other white background, write in:
<b>B Mixed / Multiple ethnic group</b>
<input type="checkbox"/> White and Black Caribbean
<input type="checkbox"/> White and Black African
<input type="checkbox"/> White and Asian
<input type="checkbox"/> Any other Mixed / multiple ethnic background, write in:
<b>C Asian / Asian British</b>
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other Asian background, write in:
<b>D Black / African / Caribbean / Black British</b>
<input type="checkbox"/> Caribbean
<input type="checkbox"/> African
<input type="checkbox"/> Any other Black/ African / Caribbean background, write in:
<b>E Other Ethnic group</b>
<input type="checkbox"/> Arab
<input type="checkbox"/> Any other ethnic group, write in:

## 2. DISABILITY

A disabled person under the Disability Discrimination Act 1995 is described as anyone with “a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability?  Yes  No

If yes, please provide details of your disability and specify any adjustments we could make to accommodate your needs.

## 3. AGE (please tick the appropriate box)

Are you  16 - 24  25 - 34  35 - 44  
 45 - 54  55 - 64  65 +

## 4. MARITAL STATUS

Are you  Married  Unmarried  Same sex civil partnership

## 5. RELIGION OR BELIEF

Are you

Anglican  Catholic  Presbyterian  Other Christian  Buddhist  
 Hindu  Jewish  Muslim  Sikh  
 Other Religion/Belief,

## 6. CARING RESPONSIBILITIES

Do you have any care responsibilities for anyone?  Yes  No

If 'Yes' are they?

Children under 16  Sick or Elderly  Disabled

Thank you for completing the form.