

## Confidential equal opportunities monitoring form



The National Autistic Society is committed to establishing equal opportunities in all areas of our work. Our policy is to ensure that potential, present and future members of staff do not receive less favourable treatment on the grounds of age, sex, disability, ethnic background, family status, gender, race, religion or belief, sexual orientation or social status, or be placed at a disadvantage by imposing conditions or requirements which are not justifiable.

The information you provide on this form will be treated as confidential and used solely for monitoring purposes to assist The National Autistic Society in upholding its equal opportunity policy. This form will not be made available to staff involved in the selection process

The National Autistic Society will interview all applicants who meet the criteria for a job vacancy and declare a disability and/or autism including Asperger's syndrome.

### Personal details

First name

Surname

Date of birth

Position applied for

### Ethnic origin

How would you describe your racial/cultural origin? (Please click on the box that applies to you)

- |                                   |                          |                                  |                          |
|-----------------------------------|--------------------------|----------------------------------|--------------------------|
| Asian – Indian                    | <input type="checkbox"/> | Mixed – Other                    | <input type="checkbox"/> |
| Asian – Bangladeshi               | <input type="checkbox"/> | White - British                  | <input type="checkbox"/> |
| Asian – Pakistani                 | <input type="checkbox"/> | White - English                  | <input type="checkbox"/> |
| Asian – Other                     | <input type="checkbox"/> | White - Irish                    | <input type="checkbox"/> |
| Black – African                   | <input type="checkbox"/> | White – Gypsy or Irish Traveller | <input type="checkbox"/> |
| Black – Caribbean                 | <input type="checkbox"/> | White - Scottish                 | <input type="checkbox"/> |
| Black – Other                     | <input type="checkbox"/> | White - Welsh                    | <input type="checkbox"/> |
| Chinese                           | <input type="checkbox"/> | White - Other                    | <input type="checkbox"/> |
| Mixed – White and Black African   | <input type="checkbox"/> | Other                            | <input type="checkbox"/> |
| Mixed – White and Black Caribbean | <input type="checkbox"/> | Prefer not to say                | <input type="checkbox"/> |
| Mixed – White and Black Asian     | <input type="checkbox"/> |                                  |                          |
| Mixed – White and Asian           | <input type="checkbox"/> |                                  |                          |

### Gender

Female ☐ Male ☐ Prefer not to say ☐ Self-define ☐ .....(please state)

If you are undergoing the process of gender transition, please tick the box that applies to your chosen gender.

### Sexuality

Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Prefer not to say ☐

Self-define ☐ .....(please state)

### Marital Status

Single ☐ Married ☐ Separated ☐ Divorced ☐ Civil Partnership ☐ Widow/Widower ☐  
Prefer not to say ☐

## Religion

Buddhist ☐ Christian ☐ Roman Catholic ☐ Protestant ☐ Hindu ☐ Muslim ☐  
Jewish ☐ Shinto ☐ Sikh ☐ Other ☐ No religion or belief ☐ None ☐ Prefer not to say ☐

## The Equality Act 2010

Do you consider yourself to have a disability? (Please click on the correct box) Yes ☐ No ☐

Do you consider yourself to have autism, including Asperger's syndrome (Please click on the correct box) Yes ☐ No ☐

If you consider yourself to have a disability and/or autism including Asperger's syndrome, please indicate below the nature of disability and any adjustments that would assist you at both the interview and in the role.

Where more than one disability applies, please click on all the boxes that apply. Space is provided for you to give further information should you wish to do so.

## Nature of disability

Neurological conditions	<input type="checkbox"/>	Blind or partially sighted	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Physical coordination difficulties	<input type="checkbox"/>
Learning difficulties	<input type="checkbox"/>	Deaf or hard of hearing	<input type="checkbox"/>
Mental health difficulties	<input type="checkbox"/>	Speech or language impairment	<input type="checkbox"/>
Mobility impairment	<input type="checkbox"/>	Physical disability	<input type="checkbox"/>
Progressive condition	<input type="checkbox"/>	Other/Unknown disability	<input type="checkbox"/>

## Further information (optional)

## Adjustments needed:

### At interview

### In the workplace

