

**CONFIDENTIAL**

**Equal Opportunities Statement**

Name \_\_\_\_\_  
Your name is required for administrative purposes only

Date of Birth: \_\_\_\_\_

**Please tick as appropriate**

1. What is your gender?  Female  Male

2. What is your marital status? Please tick one box only

Single

Married/Couple/Civil Partnership

Separated (but still legally married)

Divorced

Widowed

3. What is your country of birth? \_\_\_\_\_

4. What is your ethnic group?

The Census 2001 categories are listed below. Please tick **one** box that describes your ethnic origin.

**White**

British

Irish

Any other White background. Please describe \_\_\_\_\_

**Mixed**

White & Black Caribbean

White and Black African

White and Asian

Any other Mixed background. Please describe \_\_\_\_\_

**Asian or Asian British**

Indian

Bangladeshi

Pakistani

Any other Asian background. Please describe \_\_\_\_\_

**Black or Black British**

Caribbean

African

Any other Black background. Please describe \_\_\_\_\_

**Chinese or other ethnic group**

Chinese

Any other ethnic group. Please describe \_\_\_\_\_

5. If you wish to do so, you may tick one of the following in addition to stating your ethnic group:

English

Northern Irish

Scottish

Welsh

6. Do you carry out a caring role for any of the following categories of people? Please tick all that apply.

Child(ren) under 18

Elderly relative(s)

Child(ren) or relatives(s) with a disability

**Data Protection:** Foresters uses personal data collected for reviewing equality of opportunity in recruitment, selection and, if relevant, employment within the Society in accordance with its data protection policy. Information about how your data is used and the basis for processing is provided in the Society's job applicant privacy notice. I hereby give my consent to Foresters processing the data supplied in this form for the purpose of equal opportunities monitoring in recruitment and selection, and if relevant, employment within the Society. I acknowledge that my application will be treated the same regardless of whether or not I complete this form. I understand that I may withdraw my consent to the processing of this data at any time by notifying the data protection officer.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_