**THIS SECTION WILL NOT BE SEEN BY THE SELECTION PANEL.**

**IT WILL BE USED ONLY FOR MONITORING PURPOSES.**

Equal Opportunities in Employment – Statement Of Policy

MindOut LGBTQ Mental Health Service is an equal opportunities employer and will apply objective criteria to assess merit. MindOut aims to ensure that no job applicant or employee receives less favourable treatment on the grounds of nationality, religion, ethnicity, gender, gender expression, marital status, pregnancy or maternity, sexual orientation, age or disability or is disadvantaged by conditions or requirements which cannot be shown to be justifiable. MindOut is particularly concerned not to discriminate against applicants who have lived experience of mental health issues.

Selection criteria and procedures will be reviewed frequently to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities. All employees will be given equal opportunity and where appropriate and possible, special training to enable them to progress within and outside the organisation. MindOut is committed to a programme of action to make this policy fully effective.

Would you please provide the following information which will be treated as confidential but which will assist us to monitor and implement our Equal Opportunities Policy. Your application will not be affected by the information provided or if you choose not to complete part or all of this section.

|  |  |
| --- | --- |
| Application for the appointment of | Mental Health Project Worker |
| Please state here where you saw the post advertised |  |

|  |  |
| --- | --- |
| Date of Birth |  |

|  |
| --- |
| What are your pronouns? (please tick or X) |
| She/her/hers |  | They/them/theirs |  | Other – please state |  |
| He/him/his |  | Unsure |  |  |  |

|  |
| --- |
| How would you describe your gender? (please tick or X) |
| Woman |  | Non-binary |  | Queer |  |
| Man |  | Unsure |  | Other – please state |  |

|  |  |
| --- | --- |
| Do you or have you ever identified as transgender? | Yes/No |

|  |
| --- |
| How would you describe your sexual orientation? |
| Bisexual |  | Heterosexual |  | Queer |  |
| Gay |  | Lesbian |  | Other – please state |  |

|  |
| --- |
| What category is your ethnic or cultural origin? (please tick or X) |
| Asian/Asian British | Mixed or Multiple Ethnic Groups | White |
| Indian |  | Asian & White |  | English, Welsh, Scottish, Northern Irish or British |  |
| Pakistani |  | Black African & White |  | Irish |  |
| Bangladeshi |  | Black Caribbean & White |  | Gypsy or Irish Traveller |  |
| Chinese |  | Any other Mixed or Multiple Ethnic background |  | Roma |  |
| Any other Asian background |  |  |  | Any other white background |  |
| Black, Black British, African or Caribbean | Other ethnic group |
| African |  | Arab |  | Any other ethnic group |  |
| Caribbean |  | If you would describe your ethnic or cultural origin differently to the available options, please state here: |  |
| Any other Black, Black British, African or Caribbean background |  |

|  |  |
| --- | --- |
| Are you a migrant, refugee, or asylum seeker? | Yes/No |

|  |
| --- |
| If you have a religious or other belief, how would you describe it? |
| Agnostic |  | Hindu |  | Pagan |  |
| Atheist |  | Jain |  | Sikh |  |
| Buddhist |  | Jewish |  | Other (please state) |  |
| Christian |  | Muslim |  |  |  |

|  |
| --- |
| Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? |
| Yes a little |  | Yes, a lot  |  | No |  |
| If you answered yes, please state the type of impairment. If you have more than one, please indicate all that apply. If none apply, please mark “other” and write an answer in (examples given as guidance) |
| Developmental condition |  | Mental health condition |  | Physical impairment |  |
| Learning disability/difficulty |  | Long standing illness |  | Other (please sate) |  |

|  |  |
| --- | --- |
| Do you have any communication or information needs, for example related to disability or sensory loss? | Yes/No |

|  |
| --- |
| Are you a carer? |
| Yes |  | No |  |
| If yes, who do you care for? |
| Child with special needs |  | Parent |  |
| Partner/spouse |  | Other Family Member |  |
| Friend |  | Other (please give details) |  |

|  |  |
| --- | --- |
| If you have a postcode, please write it here: |  |

**Thank you for taking the time to complete this form – please return it to MindOut.**