**THIS SECTION WILL BE DETACHED AND 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 POST OF:  |   |

|  |  |
| --- | --- |
|  Please state here where you saw the post advertised   |   |

|  |  |  |
| --- | --- | --- |
| **DOB:**  |   |   |

|  |
| --- |
| **How would you describe your gender?**  |
|   |
| Female  |    | Male  |   | Non-binary  |   | Queer  |   |
|   |
| Unsure  |    | Other – please state:  |   |

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

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bisexual  |   | Gay  |   | Heterosexual  |   | Lesbian  |   | Queer  |   |
|   |
| Other – please state:  |   |

**Which category best describes your ethnic or cultural origin?**

|  |  |  |
| --- | --- | --- |
| **Asian**  | **Mixed**  | **White**  |
|   |   |   |   |   |   |
| Asian British  |   | Asian & White  |   | British  |   |
| Bangladeshi  |   | Black African & White  |   | Irish  |   |
| Indian   |   | Black Caribbean & White  |   | European  |   |
| Pakistani  |   | Other  |   | Other  |   |
| Other  |   |   |
|   |   |   |
| **Black**  | **Chinese or Other Ethnic Group**  |
|   |   |   |   |   |   |
| Black British  |   | Chinese  |   | Gypsy  |   |
| African  |   | Arab  |   | Traveller  |   |
| Caribbean  |   | Jewish  |   | Other  |   |
| Sudanese  |   |   |

**If you have a religious or other belief how would you describe it?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Agnostic  |   | Christian                |   | Jewish              |   |  Sikh                        |   |
|   |   |   |   |   |   |   |   |
| Atheist  |   | Hindu                     |   | Muslim              |   |                    Other  |   |
|   |   |   |   |   |   |   |   |
| Buddhist  |   | Jain                        |   |  Pagan              |   |   |   |
|   |   |   |   |   |   |   |   |
|  Other belief:    |   |   |   |   |

**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 (don’t answer next question)  |   |
| **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)  |   |