Recruitment Process Equal Opportunity Monitoring Form

**STRICTLY CONFIDENTIAL**

**Position applied for:**

Hampshire and Isle of Wight Air Ambulance are an equal opportunity employer. We strive to create and support a diverse and inclusive team and are committed to ensuring that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures aim to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To help us monitor the impact and success of our recruitment and selection practive, we ask all job applicants to complete an equal opportunities monitoring form. Completion of this form is optional. Your responses will be kept strictly confidential (to HR only), and will not be used in any decisions affecting you or the outcome of the recruitment process.

If you agree to complete this form we will use your data to compile statistics on the representation amongst applicants to our vacancies and the outcome of our recruitment practice. We need your consent to use this information. Signing in the space below will indicate that you consent to your data being used for the purposes stated. You may withdraw your consent at any time by contacting [HR@HIOWAA.org](mailto:HR@HIOWAA.org).

|  |  |  |
| --- | --- | --- |
| Signature |  | |
| Print full name |  | |
| Date |  |

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| --- |
| Please provide the following information by ticking the applicable box or highlighting your selection in yellow: |
| **Age**  16-24  25-29  30-34  35-39  40-44  45-49   50-54  55-59  60-64  65+  Prefer not to say  |
| What is your ethnicity?  Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:  Asian or Asian British  Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   Any other Asian background, please add it here:    Black, African, Caribbean or Black British  African  Caribbean  Prefer not to say   Any other Black, African or Caribbean background, please add here:  Mixed or Multiple ethnic groups  White and Black Caribbean  White and Black African  White and Asian  Prefer not to say   Other Mixed or Multiple ethnic background, please write in:  White  English  Welsh  Scottish  Northern Irish  Irish  British   Gypsy or Irish Traveller  Prefer not to say   Any other White background, please write in:  Other ethnic group  Arab  Prefer not to say   Any other ethnic group, please write in: |
| Which of the following best describes your sexual orientation?  Heterosexual  Gay  Lesbian  Bisexual   Prefer to self-describe  Prefer not to say   Option to self-describe, please add here: |
| What is your religion or belief?  No religion or belief  Buddhist  Christian  Hindu  Jewish   Muslim  Sikh  Prefer not to say   If other religion or belief, please write in: |
| Do you consider yourself to have a disability?  Yes  No  Prefer not to say   The information in this form is for monitoring purposes only. If you believe you may need support or reasonable adjustments to participate in the recruitment process please note this here and our HR contact will contact you: |
| Which of the following best describes your gender?  Male  Female  Prefer to self-describe  Prefer not to say   Option to self-describe, please add here: |
| Gender Identity: Do you identify as trans?  Yes  No  Prefer your own term  Prefer not to say   Option to self-describe, please add here:  Is the gender you identify with the same as your gender registered at birth?  Yes ☐ No ☐ Prefer not to say ☐ |

Thank you for taking the time to complete and return this form.

**Please return it to** [**HR@hiowaa.org**](mailto:HR@hiowaa.org) **marked EO Monitoring Form + ROLE TITLE + your SURNAME.**