

21 Avenue Road, Southall, Middlesex, UB1 3BL

T: 020 8571 9595 · F: 020 85746781 · info@southallblacksisters.co.uk

www.southallblacksisters.org.uk

|  |
| --- |
| EMPLOYMENT APPLICATION MONITORING FORM |

|  |
| --- |
| **CONFIDENTIAL**  **Please complete this form and attach to your application.**  This form will be separated from your application form before short-listing and used to monitor our recruitment practices. It will not be used to determine the appointment process. You are not obliged to answer these questions, or to answer all of them, but the more information you give the better we can monitor our appointments. Thank you. |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. **Age:** |  |

|  |  |
| --- | --- |
| 1. **Ethnic Origin:** |  |

|  |  |
| --- | --- |
| 1. **Sexual Orientation:** |  |

|  |  |
| --- | --- |
| 1. **Do you consider yourself to have a disability?** |  |

|  |
| --- |
| If yes, please give details. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Are you registered disabled? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | |

|  |
| --- |
| **For office use only:**  **Candidate number** |