



Equal Opportunities Monitoring Form

Maison Care Limited is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil the personal potential. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of ‘protected characteristics’. We ask for information on your ‘protected characteristics’ in order to help us monitor our performance on equality. In line with Government policy, and in accordance with the provisions of UK GDPR, the information you provide will be held confidentially and it will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

IMPORTANT – Please Note: You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential.

ETHNIC ORIGIN: Please indicate your Ethnic Origin					
Asian or Asian British		Mixed		Other Ethnic Background	
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other Chinese background
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>	Any other ethnic background
<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	Other mix background		
Black or Black British		White			
<input type="checkbox"/>	African	<input type="checkbox"/>	British	<input type="checkbox"/>	I do not wish to disclose my Ethnic background
<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Irish		
<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Other White background		
GENDER: Please indicate your Gender					
<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Other state below
<input type="checkbox"/>	Transgender Female	<input type="checkbox"/>	Transgender Male		
<input type="checkbox"/>	I do not wish to disclose my Gender				
SEXUAL ORIENTATION: Please indicate your Sexual Orientation					
<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Other state below
<input type="checkbox"/>	Gay	<input type="checkbox"/>	Lesbian		
<input type="checkbox"/>	I do not wish to disclose my Sexual Orientation				
RELIGION OR BELIEF: Please indicate your Religion or Belief					
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh
<input type="checkbox"/>	I do not have any Religion or Beliefs			<input type="checkbox"/>	Other state below
<input type="checkbox"/>	I do not wish to disclose my Religion or Belief				
MARTIAL STATUS: Please indicate your Marital Status					
<input type="checkbox"/>	Common Law Partnership	<input type="checkbox"/>	Married / Civil Partnership	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>	Other
As per Equality Act 2010: Do you consider yourself to have a disability				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Under the terms of the Act a disability is defined as a ‘physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out day-to-day activities’.					
<input type="checkbox"/>	I do not wish to disclose whether or not I have a disability				
Are you a Carer? Under the terms of the Act a disability is defined as a ‘physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out day-to-day activities’.					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes <input type="checkbox"/>	Children U16 <input type="checkbox"/>	Disabled <input type="checkbox"/>	Sick/Elderly <input type="checkbox"/>

