Reference No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For internal use only)

ENAR Foundation equal opportunities monitoring form

It is our policy to employ the best-qualified personnel and provide equal opportunities and not to discriminate against any person because of any condition or requirement which cannot be shown to be justified.

This form is for monitoring purposes only.

The following information given will not form part of the selection process and is not obligatory.

***1. Gender identity***

o Female o Male o Trans o Other, specify if you wish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***2. Date of birth***

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

***3. Do you consider that you have any disability or long-term adverse health condition?***

o Yes o No

***4. Are you registered as a person with a disability?***

o Yes o No

***5. What is your ethnic background?***

Tick the appropriate box to indicate your ethnic background

o White

o Black

o Asian/South-east Asian

o Arab

o Roma

o Mixed

o Any other ethnic background

Would you wish to specify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***6. What is your religious background?***

Would you wish to specify?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o None

***7. Are you a citizen of a non-EU country?***

Please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o EU citizen

## *8. What is your sexual orientation?*

Tick the appropriate box to indicate your sexual orientation

o Heterosexual

o Homosexual

o Bisexual

o Other ………………………………………….