

Equal Opportunities Monitoring Form

Hockey Wales is committed to ensuring that applicants from all sections of the community are treated equally and not discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation (together the Equality Act 2010 Protected Characteristics), class or social background, parental status or political persuasion.

This form assists us in monitoring who is applying for positions with us, and our adherence to equal opportunities best practice. We ask also some questions regarding disability which may assist us in determining whether any reasonable adjustments are necessary to facilitate your interview or while undertaking your role with Hockey Wales.

Any information you give will only be used by our CEO for the purpose of ensuring the effectiveness of our Equal Opportunities Policy. This form will be separated from your application on receipt and will be treated in the strictest confidence. All monitoring forms are kept for up to twelve months and then destroyed. The information supplied on this form is used for statistical purposes only.

Thank you for your co-operation.

Position being applied for:

Date of application:

Where did you see this post advertised / where did you hear about this role/job (please tick)?

- Hockey Wales website
- Sport Wales website
- WSA website
- UK Sport website
- Sport England website
- England Hockey website
- Other website – please specify
- Acorn
- Twitter
- Facebook
- Friend
- Other – please specify

1. Is your age between:

16-24	<input type="checkbox"/>	25-29	<input type="checkbox"/>	30-39	<input type="checkbox"/>
40-49	<input type="checkbox"/>	50-59	<input type="checkbox"/>	60 or over	<input type="checkbox"/>

2. Are you?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>
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3. Are you a welsh speaker?

Yes – 1 st language	<input type="checkbox"/>	Yes – fluent	<input type="checkbox"/>	Yes - partial	<input type="checkbox"/>	No	<input type="checkbox"/>
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4. To which ethnic group do you consider yourself to belong?

Please choose the relevant category for you from A to E shown in the tables below and indicate your ethnic background by marking the appropriate box in the column below your chosen category.

A White	B Mixed/Multiple ethnic groups:	C Asian or Asian British	
British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/>
English	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/>
Scottish	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Chinese	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Irish	<input type="checkbox"/>	E Other ethnic group:	
Gypsy or Irish Traveller	<input type="checkbox"/> African	<input type="checkbox"/> Arab	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/> F Do not wish to disclose	<input type="checkbox"/>

5. What is your religion?

None	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>	Jewish		Other (please specify)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Do not wish to disclose	<input type="checkbox"/>

6. What is your Sexual Orientation?

Bisexual	<input type="checkbox"/>	Gay man	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Lesbian/gay woman	<input type="checkbox"/>	
		Do not wish to disclose	<input type="checkbox"/>

7. If you have undergone, are undergoing or intend to undergo Gender Reassignment are you?

Transsexual with an acquired gender of male	<input type="checkbox"/>
Transsexual with an acquired gender of female	<input type="checkbox"/>
Do not wish to disclose	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

8. Do you consider yourself to have an impairment?

The Equality Act 2010 defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities."

Yes No Do not wish to disclose

If you have indicated yes, please mark all the boxes that apply to you:

Visual impairment	<input type="checkbox"/>	Learning disability/difficulty	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Physical impairment	<input type="checkbox"/>	
		Do not wish to disclose	<input type="checkbox"/>

Should you be required to attend an interview, please indicate whether you may require any adjustments to enable you to attend and participate or to carry out any selection tests. Disabled applicants are invited to contact the Recruiting Manager in confidence at any point during the recruitment process to discuss steps that could be taken to facilitate attendance and participation at an interview or in order to overcome any operational difficulties presented by the role.

Adjustments required for interview (including, for example, induction loop/radio aid/speech-to-text reporter/BSL interpreter/other):

Adjustments required to undertake the role:

Please give details of any other special requirements we may need to be aware of in order to facilitate your attendance at interview (if required):

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to Hockey Wales processing the data supplied above in connection with monitoring compliance with its equal opportunities obligations and policy. I also agree to the storage of this information on manual and computerised files.

Print name

Date
