

Equal Opportunities Monitoring Form

It is the aim of APMS Ambulance Service Ltd to ensure that no job applicant or employee receives less favourable treatment on the grounds of sex, race, colour, religion, marital status, sexuality, age or disability; or, is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable.

This information is used solely for monitoring purposes and will be treated as confidential. The monitoring form will be provided separate to your main application, APMS will be great full if you can return this form separately to the recruiting manager for. Any information provided will not be used as part of the selection process.

To ensure that the equal opportunities policy is adhered to, it is necessary to collect equal opportunities information; however, in no way are you required to complete this form, although your cooperation is greatly appreciated.

How did you find out about our vacancy?

- | | |
|--|---|
| <input type="checkbox"/> APMS website | <input type="checkbox"/> Agency (please state): |
| <input type="checkbox"/> Job centre advertisement | <input type="checkbox"/> APMS Social media site |
| <input type="checkbox"/> Internet Job Site (please state): | <input type="checkbox"/> Other (please state): |

Your Ethnic Origin?

These categories are based on the Census 2011 categories and recommended by the Commission for Racial Equality.

Asian, Asian British, Asian English, Asian Scottish,

or Asian Welsh

- Asian / Asian British
 Bangladeshi
 Chinese
 Indian
 Pakistani

Other Asian background (specify if you wish):

Black, Black British, Black English, Black Scottish,

or Black Welsh

- African
 Caribbean

Other Black background (specify if you wish):

Another ethnic group

- Arab
 Other ethnic group (specify if you wish):

White

- British
 English
 Gypsy or Irish Traveller
 Irish
 Scottish
 Welsh

Other White background (specify if you wish):

Mixed

- White and Asian
 White and Black African
 White and Black Caribbean
 White and Chinese

Other mixed background (specify if you wish):

Prefer not to say

Your Gender?

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Non Binary |
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender Fluid |
| <input type="checkbox"/> Transgender male | <input type="checkbox"/> Gender Neutral |
| <input type="checkbox"/> Transgender female | <input type="checkbox"/> Intersex |
| <input type="checkbox"/> Bi gender | <input type="checkbox"/> Other (please state): |
| <input type="checkbox"/> Prefer not to say | |

Your Sexual Orientation?

- | | |
|--|--|
| <input type="checkbox"/> Mono Sexual - Heterosexual Female | <input type="checkbox"/> Asexual |
| <input type="checkbox"/> Mono Sexual – Heterosexual Male | <input type="checkbox"/> Autosexual |
| <input type="checkbox"/> Mono Sexual – Homosexual Female | <input type="checkbox"/> Rather not say |
| <input type="checkbox"/> Mono Sexual - Homosexual male | <input type="checkbox"/> Other (please state): |
| <input type="checkbox"/> Bi Sexual | |

Your Age?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> AGE = | <input type="checkbox"/> 45 - 54 |
| <input type="checkbox"/> 16 - 24 | <input type="checkbox"/> 55 - 64 |
| <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 65 + |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> Prefer not to say: |

Your Religion and/or belief?

- | | |
|--|---|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> Other (specify if you wish): |

Your Relationships?

- Single
- Married/in a registered same-sex civil partnership
- Separated, but still legally married/in a registered same-sex civil partnership
- Divorced/formerly in a same-sex civil partnership which is now legally dissolved
- Widowed/Surviving partner from a same-sex civil partnership
- Prefer not to say

Disabilities?

The Equality Act 2010 defines a disabled person as someone who has 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.

Do you consider yourself to be disabled?

Yes.

No

Prefer not to say

Please specify:

Mental Health?

Would you describe yourself as someone who is experiencing or has experienced mental health problems?

Yes.

No

Prefer not to say

Please specify:

Anything else?

Is there any further information you would like to share? All information is gratefully received and is used to help APMS better our service for new employees/Applicants and for those who use our service.

No

Yes.

Please specify:

Thank you for taking the time to complete our questionnaire, all information is held in the strictest of confidence, if there is anything you would like to discuss, please do not hesitate to contact us.