

EQUAL OPORTUNITIES MONITORING FORM for

employment with
Hadleigh Castings Limited
Pond Hall Road Hadleigh Suffolk
IP7 5PW Tel: 01473 827281



EQUAL OPORTUNITIES MONITORING FORM

The following questions are designed to allow Hadleigh Castings Ltd to fulfil its statutory obligations in respect of monitoring its Equal Opportunities and Race Relations Policies.
The information is not used in the selection of candidates.

Title (Mr/ Miss/ Ms/ Mrs, other)	Surname
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Name(s)	Date of Birth
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Gender MALE / FEMALE (Please circle one)	Nationality (Country of Birth/ Passport)
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Marital status (Married / Single / Other)

Do you require a work permit for the UK? YES / NO (Please circle one)

The Disability Discrimination Act 1995 defines disability as “a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.”
On this basis do you consider yourself disabled? (Please circle one option below)

NO
YES If yes, what is the nature of your disability?

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<p>What is your ethnic group? (Please tick the appropriate group)</p> <p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>Other white background <input type="checkbox"/></p> <p>Please state _____ <input type="checkbox"/></p> <p>Mixed - White and Black Caribbean <input type="checkbox"/></p> <p>Mixed - White and Black African <input type="checkbox"/></p> <p>Mixed - White and Asian <input type="checkbox"/></p> <p>Other mixed background <input type="checkbox"/></p> <p>Please state _____ <input type="checkbox"/></p>	<p>Asian or Asian British - Indian <input type="checkbox"/></p> <p>Asian or Asian British - Pakistani <input type="checkbox"/></p> <p>Asian or Asian British – Bangladeshi <input type="checkbox"/></p> <p>Other Asian background <input type="checkbox"/></p> <p>Please state _____ <input type="checkbox"/></p> <p>Black or Black British – Caribbean <input type="checkbox"/></p> <p>Black or Black British – African <input type="checkbox"/></p> <p>Other Black background <input type="checkbox"/></p> <p>Please state _____ <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Other ethnic group <input type="checkbox"/></p> <p>Please state _____ <input type="checkbox"/></p>
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