



URBAN PARTNERSHIP GROUP

MASBRO CENTRE
87 Masbro Road
London
W14 0LR

Masbro Centre office
Fax
website:

(020) 7605 0800
(020) 7605 0801
www.upg.org.uk

EQUAL OPPORTUNITIES MONITORING FORM – STRICTLY CONFIDENTIAL

Urban Partnership group seeks to ensure that no employee, job applicant, current or prospective user of its services receives less favourable treatment on grounds of race, colour, ethnic or national origin, culture, gender, marital status, disability, class, sexuality, age, trade union activity, political or religious belief.

In order to ensure that this policy will be carried out, and for no other reason, all applicants are asked to complete this form. The information will be used solely for monitoring purposes and kept in strictest confidence.

Please complete this form and enclose it, unattached, with your application.

- 1 **Post/s for which you have applied** _____
- 2 **Please state how you found out about the job** _____
- 3 **How would you describe your ethnic background?** Please study the list below and **tick one box only** to indicate your ethnic background.*

*Our ethnic background describes how we think of ourselves. This may be based on many things, including for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.**

White

- 01 ☐ White
- 02 ☐ Irish
- 03 ☐ Traveller of Irish Heritage
- 04 ☐ Gypsy/Roma
- 05 ☐ Turkish
- 06 ☐ White Eastern European
- 07 ☐ White Western European
- 08 ☐ White Other

Black or Black British

- 17 ☐ Caribbean
- 18 ☐ Ghanaian
- 19 ☐ Nigerian
- 20 ☐ Somali
- 21 ☐ Other Black African
- 22 ☐ Any other Black background
- 23 ☐ **Chinese**

Mixed

- 09 ☐ White & Black Caribbean
- 10 ☐ White & Black African
- 11 ☐ White & Asian
- 12 ☐ Any other mixed background

Any other ethnic background

- 24 ☐ Latin/South/Central American
- 25 ☐ Any other ethnic background

Asian or Asian British

- 13 ☐ Indian
- 14 ☐ Pakistani
- 15 ☐ Bangladeshi
- 16 ☐ Any other Asian background

- 4 **Are you?** (please tick) Male ☐ Female ☐
- 5 Would you choose to define yourself as disabled? (please tick) Yes ☐ No ☐
- 6 **What is your date of birth?**
- 7 **What is your marital status?**
- 8 **What is your religion (if any)?**
- 9 **Do you have dependants?** (Dependants might include children, the elderly, or other people who rely on you for care). Yes ☐ No ☐