



EQUAL OPPORTUNITIES MONITORING FORM

St Joseph's Hospital has an equal opportunities policy. To help us monitor this policy and ensure its effectiveness, please fill in this form. This information will be treated in the strictest confidence.

Date of birth _____ Male Female

Ethnic Origin: **I would describe my ethnic origin as :**

Black African Black British Black Caribbean Black Other

White British White Irish White Other

Bangladeshi Chinese Indian Pakistani

Other*

Do you have a disability? Yes No

Are you registered disabled? Yes No

***Other if you came from a country or background other than above, please indicate**

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