CAST

EQUAL OPPORTUNITIES MONITORING FORM

Please can you complete this form and return with the application form. Thank

you.	_					
Positi	ion applied for:					
Where	e did you hear abou	t the position	n?			
1. Are	e you					
()	Female ()	Male				
2. Which age range do you fall into						
() 16–19	() 20-29	() 30-39	() 40-49	() 50-59	() 60 or over	
3. How would you describe your ethnic origin						
Choose ONE from section A to E, and then tick the appropriate box to indicate your cultural background						
A. () () () ()	White British Irish Cornish Other, please speci	fy:				
B. () () () ()	Mixed White and Black Caribbean White and Black Asian White and Asian Any other Mixed background, please specify					
_	Asian or Asian Brit	ieh	••••			

() () ()	Indian Pakistani Bangladeshi Any other Asian background, please specify
D. () () ()	Black or Black British Caribbean African Any other Black background, please specify
E. () ()	Chinese or other ethnic group Chinese Any other background, please specify
	o you have a disability Yes. How would you describe your disability? No

If you require any adjustment to the selection process or the conditions of employment, please provide us with more information either as part of your application or by phone.