

THE EXAIREO TRUST

EQUAL OPPORTUNITIES MONITORING FORM

We aim to ensure that all applications for accommodation are treated fairly, regardless of gender, age, ethnic origin or disability.

To help us achieve this aim the information from this form helps us to monitor the effectiveness of our policy.

Please complete the form and return it with your application. The information you provided will be used for statistical monitoring purposes.

NAME

GENDER:

MALE

FEMALE

AGE

WHAT IS YOUR ETHNIC GROUP?

Choose ONE Section from A to E, Please tick the appropriate box to indicate your cultural background

A. White

British

Irish

Any other White background
(please write below)

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please write below)

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background
(please write below)

D. Black & Black British

Caribbean

African

Any other Black background
(please write below)

E. Chinese or Other Ethnic Group

Chinese

Any other background (please
write below)

WHAT IS YOUR RELIGION OR BELIEF?

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

None

Prefer Not to Say

Other (Please Specify)

[Continued ...]

DISABILITY

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1996?

(The following is a definition of a disability issued under the Disability Discrimination Act 1996: "A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".)

YES NO

Are you Registered disabled?

YES NO

Please indicate the nature of your disability and outline any adjustments that you may need to assist you to use our accommodation.

- Dyslexia
- Blind / partially sighted
- Deaf / hearing impairment
- Speech impairment
- Wheelchair user.
- Other mobility problems:
- Needs personal care support
- Mental health disability
- Unseen disability e.g. diabetes, epilepsy, asthma:
- Multiple disabilities
- Other disability:
- Do not wish to give information

Possible adjustments needed to allow full use of our accommodation:



Thank you for completing this form. Please return it with your application.