



**Equal Opportunities Monitoring Form**

Birketts LLP strives to operate a policy of equal opportunity and not discriminate against any person because of gender, age, disability, marital status, sexual orientation, religion or national origin. To enable us to monitor equal opportunities, will you please provide the details listed below. This information will only be used for the monitoring of Equal Opportunities.

**Surname:** .....

**Forename/s:** .....

**Department/Post applied for (if applicable):**  
.....

- 1. **GENDER**                     Male  
    Female
- 2. **MARITAL STATUS**     Married                                     Not married
- 3. **AGE**                             16-21                                     22-30  
    31-40                                     41-50  
    51-60                                     60+
- 4. **ETHNIC GROUP**

How would you describe your ethnic origin? Chose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

- a) **White**
  - British
  - Irish
  - Any other White background (please specify)

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- b) **Mixed**
  - White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed background (please specify)

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- c) **Asian or Asian British**
  - Indian
  - Pakistani
  - Bangladeshi
  - Any other Asian background (please specify)

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- d) **Black or Black British**
  - Caribbean
  - African
  - Any other Black background (please specify)

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- e) **Chinese or other ethnic group**  
 Chinese  
 Any other (please specify)
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**5. RELIGION**

- None  
 Christian (including Church of England, Catholic, Protestant and all other Christian denominations)  
 Buddhist  
 Hindu  
 Jewish  
 Muslim  
 Sikh  
 Any other religion (please specify)
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**6. SEXUAL ORIENTATION**

- Heterosexual  Lesbian  Bisexual   
Gay   
Prefer not to say

**7. DISABILITY**

Do you consider yourself to have a disability as defined by the Disability Discrimination Act? i.e. Do you have a physical or mental impairment which has a substantial and long term effect on your ability to carry out normal day to day activities?

- Yes  No

If yes, please state briefly the nature of your disability.

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