

EQUAL OPPORTUNITIES MONITORING FORM

Position Applied for: _____

Surname: _____

Forename(s): _____

PLEASE TICK/FILL IN THE APPROPRIATE BOXES IN THE FOLLOWING SECTIONS

A. AGE AND SEX

MALE

FEMALE

Age Banding:

Under 18

19 - 29

30 - 39

40 - 49

50 - 59

60 - 65

Over 65

B. ETHNIC CATEGORIES

Bangladeshi

Black - Other

Pakistani

Black- African

Chinese

White

Black - Caribbean

Indian

Other (specify below)

Other (please specify) _____

C. ASYLUM AND IMMIGRATION ACT 1996

Do you require a work permit to work in the UK?

Yes

No

D. DISABILITY STATEMENT

The Disability Discrimination Act 1995, states a person has a disability if he/she has a "physical or mental impairment which has substantial and long term adverse effect upon his/her ability to carry out normal day to day activities".

On the basis please answer the following questions:

Are you a disabled person?

Yes

No

If not, how much absence from work due to ill health have you had over the past 2 years? _____

If invited to attend for interview, would you require special arrangements to be made, to enable you to attend?

If Yes, please give an indication of the special arrangements you would require: _____

Date Received: _____

Job Reference No: _____



FFURFLEN AROLYGU CYFLE CYFARTAL

Swydd y gwneir cais amdani:

Cyfenw:

Enw (au) Cyntaf:

TICIER/LLENWR Y BLYCHAU PERTHNASOL YN YR ADRANNAU DILYNOL

A. OED A RHYW

Gwryw

Benyw

Heneiddia Banding:

Under 18

19 - 29

30 - 39

40 - 49

50 - 59

60 - 65

Over 65

B. CATEGORIAU ETHNIG

Bangladeshi

Du-arall

Pakistani

Du-Affricanaidd

Tseiniaidd

Gwyn

Du-Caribiadd

Indianidd

Arall (noder islaw)

Arall (noder islaw) _____

C. DEDDF NODDED A MEWNFUDD 1996

A ydech angen caniatad gwaith i weithio yn y DU?

Oes

Na

D. DATGANIAD ANABLEDD

Mae deddf Gwahaniaethu ar sail Anabledd 1995 ynnodi fod gan berson anabledd os oes ganddo/ganddi "amhariad corfforol neu feddyliol" sydd ag effeith niweidiol sylweddol a thymor hir ar ei (g) allu i gynnal gweithgareddau beunyddiol arferol".

Ar y sail hwn, atebwch y cwestiynau canlynol os gwelwch yn dda:

A ydych yn berson anabl?

Ydwyf

Na

Os na, faint o absenoldeb o'r gwaith oherwydd afiechyd a gawsoch dros y 2 flynedd diwethaf? _____

Os cewch eich gwahodd am gyfweiliad, a fydddech angen l drefniadau arbennig gael eu gwneud l'ch galluogi l fynychu?

Byddwn

OsByddai, nodwch unrhyw drefniadau arbennig y byddech angen: _____

Dyddiad Derbyn: _____

Cyfeirnod Swydd: _____

