

## Equal Opportunities Form

Boreb Health Care Limited has an equal opportunities policy that complies with the provision of anti-discrimination legislation and means that candidates are selected without discrimination.

In order to ensure that Boreb Health Care Limited continues to comply with current legislation we would be grateful if you could complete and return this form.

Please note that all responses will be handled in strictest confidence and will only be used for statistical monitoring. They do not form any part of the application process and this information will not be held on your file. We may provide summary data to our clients to assure them that we are an equal opportunities employer. However, this data will remain anonymous and will be independent of any recruitment activity. All data is held in line with Data Protection Act 1998.

<b>Gender</b>	Are you:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
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<b>Disabilities</b>	Do you have a disability as defined by the Disability Discrimination Act?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

<b>Religious Beliefs</b>	My religion or belief is:		
	I have no religion or belief <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

<b>Ethnic Origin</b>	How would you describe your ethnic origin?		
White <input type="checkbox"/>	White / Black Caribbean <input type="checkbox"/>	White / Black African <input type="checkbox"/>	White / Asian <input type="checkbox"/>
Black <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>	Asian <input type="checkbox"/>
Chinese <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Other, please state:	

<b>Sexuality</b>	Gay woman / lesbian <input type="checkbox"/>	Gay man <input type="checkbox"/>	Straight / heterosexual <input type="checkbox"/>
Bisexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Other, please state:	

<b>Marital Status</b>	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>
Widowed <input type="checkbox"/>	Civil Partnership <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Other, please state:			