

ISLAMIA SCHOOLS LIMITED

EQUAL OPPORTUNITIES MONITORING FORM

Please complete this short form as the information given will enable us to monitor the effectiveness of our equal opportunities policies and the DDA.

This form will not be used as part of your application – it is will be used for statistical purposes only.

Using **BLACK INK** only, please answer all questions and once completed return with your application form to executivepa.isl@gmail.com.

(Please circle where appropriate)

Forename		Surname	
Position applied for			
Are you married or in a civil partnership? Yes / No / Prefer not to say	Ethnicity		
Gender		Religion	
Do you consider you have a disability as identified by the DDA? Yes / No	If yes, please provide details:		
Are you registered disabled? Yes / No	If yes, please provide registered disability number:		
Are you suffering, or have you suffered from, any major illness or industrial injury? Yes / No	If yes, please provide details:		
Do you have any carer responsibilities? Yes / No	If yes, please provide details:		
Applicant signature		Date	