



EQUAL OPPORTUNITIES MONITORING FORM

Derby County Football Club Ltd is committed to the promotion of equality of opportunity in its employment policy, practices and procedures. To make this meaningful we need to monitor the effectiveness of our policies by analysing statistical information. We would be grateful if you could complete the following information. The information you provide will be used for statistical purposes only and statistics will be generated in such a way that individuals cannot be readily identified. It is helpful if you could complete all sections of the form.

Position applied for;

Sex

- Male
- Female

Ethnic Origin

Please tick one of the following;

- | | |
|---|--|
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Other Asian Background |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Other Black Background |
| <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Other ethnic background |
| <input type="checkbox"/> Black or Black British African | <input type="checkbox"/> Other mixed background |
| <input type="checkbox"/> Black or Black British Caribbean | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Mixed - White and Asian Chinese or Chinese British | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> White – Other |
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Prefer not to say |

Age

Disability

The Disability Discrimination Act defines a disability as a “Physical or Mental Impairment which has a substantial, long term adverse effect on a person’s ability to carry out normal day to day activities”

Do you consider yourself to be:

Disabled as defined by the Disability Discrimination Act? YES NO

Arrangements if selected for interview:

If you consider yourself to be disabled using the provided definition, please give details below of any facilities or arrangements you would like to be available on the day.

I understand that this information will only be used so that the Organisation can monitor its compliance with the law and best practice in terms of equal opportunity and non-discrimination and give my consent for my details to be used for these purposes

Signed: _____

Date: _____

This form will be for use in Equal Opportunities Monitoring only