

Equal Opportunities Form

Two Temple Place is committed to being an equal opportunities employer and recognises the benefits of a diverse workforce. We welcome applications from all sections of the community. This form is not obligatory but by completing it you will help us monitor the effectiveness of our reach and allow for the collation and reporting of sensitive data to effect change where it is needed. (We would much prefer you answer 'prefer not to say' in all categories than not complete the form at all). **The data from this form will be kept confidentially.** Please put a **X** next to the box that best describes you.

| 1. What is your gender? | |
|-------------------------|--|
| Female | |
| Male | |
| Non-binary | |
| Prefer not to say | |

| 2. Is your gender the same sex you were assumed to have at birth? | |
|---|--|
| Yes | |
| No | |
| Prefer not to say | |

| 3. Which race/ethnicity best describes you? (Please choose only one.) | | | |
|---|--|----------------------------------|------------------------|
| WHITE | | | |
| British | | Gypsy or Irish Traveller | |
| Irish | | Any other mixed white background | |
| BLACK / BLACK BRITISH | | | |
| African | | Caribbean | British |
| Irish | | Any other Black background | |
| ASIAN / BRITISH ASIAN | | | |
| Indian | | Bangladeshi | Chinese |
| Pakistani | | Any other Asian background | |
| MIXED | | | |
| White & Black Caribbean | | White & Black African | White & Asian |
| Any other mixed background | | | |
| OTHER | | | |
| Arab | | Jewish | Any other ethnic group |
| Prefer not to say | | | |

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4. What do you consider your socio-economic background to be?

| | |
|--|--|
| | |
|--|--|

5. Please enter your date of birth

| | |
|--|--|
| | |
|--|--|

6. Do you consider yourself to have a disability?

| | |
|-------------------------------------|--|
| Visual Impairment/Blind | |
| Hearing Impairment/Deaf | |
| Mental Health Condition | |
| Physical Impairment/Disability(s) | |
| Invisible Disability(s) | |
| Cognitive or Learning Disability(s) | |
| Prefer not to say | |
| No Disability | |
| Other (please specify) | |

7. How do you identify in terms of sexuality?

| | |
|--------------------------|--|
| Asexual | |
| Bisexual | |
| Gay | |
| Heterosexual or straight | |
| Lesbian | |
| Queer | |
| Pansexual | |
| Prefer not to say | |
| I would describe as: | |

8. How/where did you hear about this post?

| | |
|--|--|
| | |
|--|--|

Thank you for completing this application form and for your interest in working with us. If you have any questions, please contact us by email on info@twotempleplace.org. Please send your completed form as an attachment alongside your application to info@twotempleplace.org.

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