

## EQUAL OPPORTUNITIES MONITORING FORM

In order to monitor the effectiveness of our policies and procedures and how well we meet our legal requirements all applicants are requested to complete this form. The information you provide will be treated as **STRICTLY CONFIDENTIAL** and will be used only for **EQUAL OPPORTUNITIES** purposes. It **WILL NOT** be taken into consideration for short listing or interviewing purposes. If you are appointed the information will be transferred to your personnel record to enable the Company to meet monitoring requirements. The information **WILL NOT** be relevant or disclosed in consideration for salary progression, promotion, or training and development.

<b>Application for the post of:</b>	<b>Date:</b>
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<b>Title:</b>	<b>Surname:</b>
<b>First Names:</b>	
<b>Date of Birth:</b>	<b>Age:</b>
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> (Please place an X in appropriate box)	

Please tick relevant box

<i><b>ASIAN OR ASIAN BRITISH</b></i>	<i><b>BLACK OR BLACK BRITISH</b></i>	<i><b>CHINESE OR OTHER ETHNIC GROUP</b></i>	<u><b>MIXED</b></u>	<u><b>WHITE</b></u>
Indian	Caribbean	Chinese	White and Black Caribbean	British
Pakistani	African	Any other please list	White and Black African	Irish
Bangladeshi	Any other black background, please list		White and Asian –	Any other white background please list
Any other Asian background please list			Any other mixed background, please list	

**Nationality:** .....

**Please turn over**

**Disability:**

Tesla Engineering Ltd welcomes applications from people with disabilities and aims to be supportive in their employment. We will be pleased to consider any special requirements, reasonable resources or facilities when applying to or working for the Company

Are you disabled?      Yes                                       No   
(Please place an X in the appropriate box)

*(Under the Disability Discrimination Act (DDA) a disability is defined as physical, sensory or mental impairment which has, or had, a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities), Please indicate on the application form, details of any special needs you may have in taking up the post for which you are applying.*

**Marital Status:**

Are you:                                      married?                                       not married?   
(Please place an X in the appropriate box)  
(‘not married’ includes single, widowed and divorced)

***Thank you for your help in completing this form. Please return it with your application***

**Office use only:**                      shortlisted                       interviewed                       appointed