



For better
mental health

Equal Opportunities Monitoring Form

Board Member Recruitment

Please complete this form and send it separately to the application form. This form will not be read in conjunction with your application form and the envelope will remain sealed until after the recruitment process. The information provided will remain anonymous and is only for statistical monitoring purposes that will help us target our recruitment at all sections of the community.

Do you define your gender as Male Female

What age group do you belong to? 18-25 25-35 35-45 45-55 over 55

Do you consider that you have a disability? Yes No

Do you have a disability as defined by the
Disability Discrimination Act? Yes No I don't
know

Do you consider that you have a long-term health
problem (including mental health) Yes No

How would you describe your nationality?

How would you describe your ethnic origin?

How would you describe your sexuality?

How would you describe your religion?

Do you have any experience of mental health
problems or emotional distress?