**Information for Administrator**

From (Name):

**Interview Availability**

Interviews will take place on Monday 23rd and Tuesday 24th August 2021.

Please indicate any times on these dates when you would not be available for interview:

|  |
| --- |
|  |

**Adjustments for disability**

I should be grateful if the following special arrangements could be made for me so that I can attend the interview:-

|  |
| --- |
|  |

**To the Administrator, Free Representation Unit**

*To be detached by the administrator, Free Representation Unit.*

|  |  |
| --- | --- |
| **Equal Opportunities Monitoring Form** | **Confidential** |
| FRU is an Equal Opportunities Employer. This form will be separated from the previous pages and will not be used in determining the outcome of your application. This information will be treated as confidential, and used solely for monitoring purposes.**If you prefer not to disclose any of this information, please leave the section(s) blank.** |
| **How did you hear about this vacancy:** |
| **How would you describe your ethnic origin as (please tick one box only)** |
| **White** |  | **Asian or Asian British** |  |
| British |  | Indian |  |
| Irish |  | Pakistani |  |
| Any other white background |  | Bangladeshi |  |
|  please describe: |  | Any other Asian background  |  |
| **Mixed** |  |  please describe: |
| White & Black Caribbean |  | **Black or Black British** |
| White & Black African |  | Caribbean |  |
| White & Asian |  | African |  |
| Any other mixed background |  | Any other Black background  |  |
|  please describe: |  |  please describe: |
| **Chinese or other ethnic group** |  |
| Chinese |  |   |  |
| Any other background: please describe: |
|  |  |
| **How would you describe your sexual orientation?** |
| Heterosexual |  | Bisexual |  |
| Gay Man |  | Lesbian |  |
| **Please indicate your age and gender** |
| Male |  | Female |  |
| Age (in years) |  |  |
| **Do you consider yourself to have a disability?** |
| Yes |  | No |  |
| If YES, please give details: |
| **Do you have any other health problems which limit your daily activities or the work you can do?** |
| Yes |  | No |  |
| If YES, please give details:  |