

Devon C.air Ltd is committed to being an equal opportunities employer and we welcome applications from all sections of the community. We will ensure that all candidates for employment are treated fairly, and in order to monitor our responsibilities and to measure our progress towards widening diversity among our workforce, we would be grateful if you would answer the simple questions in the boxes below. The information you provide will remain anonymous and is for statistical monitoring purposes only. This 2-page form will be separated from your application upon receipt and is not used as part of the applicant selection process.

Job Reference No: _____

| A: BASIC DETAILS | | | | | | | | |
|------------------|---------|--------------------------|----------------------|---------------------|--------------------------|--------------|--------------------------|--------------------------|
| Your age range: | 16 - 20 | <input type="checkbox"/> | Your marital status: | Married | <input type="checkbox"/> | Nationality: | <input type="checkbox"/> | |
| | 21 - 25 | <input type="checkbox"/> | | Married / separated | <input type="checkbox"/> | Your gender: | Male | <input type="checkbox"/> |
| | 26 - 49 | <input type="checkbox"/> | | Divorced | <input type="checkbox"/> | | Female | <input type="checkbox"/> |
| | 50 - 60 | <input type="checkbox"/> | | Single | <input type="checkbox"/> | | Transgender | <input type="checkbox"/> |
| | 60+ | <input type="checkbox"/> | | Widowed | <input type="checkbox"/> | | | |

| B: ETHNICITY (2001 Census classification) | | | | | |
|--|----------------------------|----------------------------|-------------------------|----------------------------|--------------------------|
| Please tick the box alongside the category that you feel best describes your ethnic origin, using the 2001 Census classification below | | | | | |
| WHITE: | British | <input type="checkbox"/> | MIXED RACE: | White and Black Caribbean | <input type="checkbox"/> |
| | Irish | <input type="checkbox"/> | | White and Black African | <input type="checkbox"/> |
| | Any other White background | <input type="checkbox"/> | | White and Black Asian | <input type="checkbox"/> |
| BLACK or BLACK BRITISH: | Caribbean | <input type="checkbox"/> | | Any other Mixed background | <input type="checkbox"/> |
| | African | <input type="checkbox"/> | ASIAN or ASIAN BRITISH: | Indian | <input type="checkbox"/> |
| | Any other Black background | <input type="checkbox"/> | | Pakistani | <input type="checkbox"/> |
| CHINESE | <input type="checkbox"/> | Bangladeshi | | <input type="checkbox"/> | |
| ANY OTHER ETHNIC GROUP | <input type="checkbox"/> | Any other Asian background | | <input type="checkbox"/> | |

| C: RELIGION / BELIEF | | | |
|--|--------------------------|-----------------------|--------------------------|
| Please tick your religion / belief group | | | |
| Christian | <input type="checkbox"/> | Muslim / Islam | <input type="checkbox"/> |
| Adventist | <input type="checkbox"/> | Sikh | <input type="checkbox"/> |
| Judaism | <input type="checkbox"/> | Rastafarian | <input type="checkbox"/> |
| Mormon | <input type="checkbox"/> | Zoroastrian / Parsi | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Bahá'í | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> | No religion | <input type="checkbox"/> |
| Jainism | <input type="checkbox"/> | Do not wish to answer | <input type="checkbox"/> |

Job Reference No: _____

D: DISABILITY

The Disability Discrimination Act, 1995, (DDA) provides for disabled people to have a legal right to fair treatment in employment matters. When answering this question please note that the DDA defines a disability as “a mental or physical impairment which has a substantial and long-term adverse effect upon a person’s ability to carry out normal day-to-day activities”.

Please tick the description(s) that you feel best describes your impairment:

| | | | |
|---|--|---|--|
| NO DISABILITY | | Unseen disability (e.g. diabetes, epilepsy, asthma) | |
| Dyslexia | | Autistic Spectrum Disorder (e.g. Asperger’s Syndrome) | |
| Blind / Partially sighted | | Personal Care Support | |
| Deaf / Hearing impediment | | Multiple disabilities | |
| Wheelchair user / Mobility difficulties | | Other mobility difficulty | |
| Mental Health condition | | Other disability | |

Thank you for your assistance