FLEETWOOD TOWN FOOTBALL CLUB

HIGHBURY STADIUM | PARK AVENUE | FLEETWOOD | LANCASHIRE | FY7 6TX



FLEETWOODTOWNFC.COM | INFO@FLEETWOODTOWNFC.COM GENERAL ENQUIRES: 01253 775080

Equal Opportunities Monitoring Form

We are committed to the promotion of diversity and equal opportunity in our employment policies, practices and procedures.

To help us implement and monitor the effect of polices we would encourage you to complete this form as fully as you can. The information you provide will be treated in the strictest confidence and will be used only for statistical monitoring.

Completion of this form is voluntary and if you do not wish to answer any question(s), this will not affect your application in any way.

	licy of Equal Opportunities and recruits and employs staff on the basis of e performed, regardless of sex, age, marital status, religion, ethnic origin,				
This information plays no part in the selection proce	ess. It is required for monitoring purposes only.				
Position Applied for:					
Name: Mid	dle Initial: Date of Birth:				
How did you hear about this vacancy?					
Ethnic Origin					
Indian	Chinese				
Pakistani	Irish				
Bangladeshi	White British				
Black African	Other				
Black Caribbean	Please Specify:				
Other Black					
Do you require a work permit to work in the UK?					
If Yes, please give details					

Gender / Age (please tick)												
Male	Male Female			Non-binary		Prefer not to say						
16- 24		25 - 34		35 - 44		45 - 54		55 - 64		65 +	Prefer not to say	









FLEETWOOD TOWN FOOTBALL CLUB IS THE TRADING NAME OF FLEETWOOD WANDERERS LIMITED, REGISTERED IN ENGLAND. COMPANY NUMBER: 03359117 WHOSE REGISTERED OFFICE IS 17 ST PETER'S PLACE, FLEETWOOD, LANCASHIRE, FY7 6EB.

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Disability Status				
Do you consider that you have a disability?				
Have you ever had a disability?	If so, please advise			

Marital Status (please tick)							
Single	Married	Divorced	Separated				
Other:							
Sexual Orientation (Please tick the boxes which desc	ribe you most closely)					
Lesbian / Gay		Bisexual					
Heterosexual		Prefer not to say					
If you prefer to use y	our own term, please specify her	e:					

Arrangements if selected for interview:

If you have a disability, please indicate whether you would need any of the following arrangements to be made if you were invited to interview:

Interview information on audio tape	Sign language or other assistance with communication at interview	
Interview information in large print format	Wheelchair-accessible location for interview	
Accessible car parking space for interview	Facility for personal carer, assistant or another person to accompany you at interview	

Any other requirements:

Carer Responsibilities:

Carers are defined as employees with significant caring responsibilities that could have an impact on their working life. If the person has physical or mental health issues, a learning disability, is a substance misuser, or is vulnerable or frail and you provide care with their day to day living you are considered a carer. Do you have caring responsibilities? If yes, please tick all that apply...









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None

Primary carer of child / children (Under 18)

Primary carer of a disabled child / children

Primary carer of a disabled adult (over 18)

Primary carer of an elderly person

Secondary carer (another person carries out the main caring role)

Prefer not to say









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