



Shin-Etsu Handotai Europe Limited

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**Confidential
Equal Opportunities Monitoring Form**

SEH Europe Limited is committed to promoting equality in all its activities and aims to provide a working environment free from discrimination and unfair treatment. To confirm this commitment, SEH Europe Limited has in place an Equal Opportunities Policy which in order to be effective, requires that we regularly review and monitor all applications we receive by collecting data on ethnicity, gender, marital status, disability and age of all who apply. This data will be entered into our HR database system and kept securely within the HR Department in line with the Data Protection Act 1998. Access to this information is restricted and will only be viewed by those recruited to input the data, not by those involved in the selection process.

For this purpose, we ask for your assistance by completing this form and returning with your application. Please be assured that the information you provide will be handled confidentially and will only be used for the purposes of monitoring and improving our employment practices.

Thank you for your co-operation.

Surname:	Forename(s):
Date of Birth:	Gender: Male/Female (please delete as appropriate)
Do you have regular caring responsibilities for dependants? Children Other dependants e.g. elderly or seriously ill adults Where you are caring for children please say how many are in each age category	Yes { } No { } Yes { } No { } Yes { } No { } Under 5 { } Ages 5-16 { } Ages 17-18 { }
<i>It is unlawful to discriminate against married persons in employment under the Sex Discrimination Act 1975. This information will help us to monitor marital status and lone parent status. Please answer (a) and (b)</i> (a) Are you married? (b) Are you currently living with a partner or spouse?	Yes { } No { } Yes { } No { }

Ethnicity: (please tick below to indicate your ethnic origin)			
White { }	Black or Black British { }	Middle/Near Eastern { }	
Asian or Asian British { }	Mixed Ethnic Group { }	Other { }	
Prefer not to answer { }			
Nationality _____			

Disability: (the Disability Discrimination Act (1995) defines a disability as any physical or mental impairment which has a substantial and long-term (more than 12 months) adverse effect on a person's ability to carry out normal day to day activities.			
Do you consider yourself to have a disability?		Yes { }	No { }
Please tick which category you think best describes your disability.			
Dyslexia { }	Blind or partially sighted { }	Deaf or hearing impairment { }	
Mental health disability { }	Personal care support { }	Multiple disabilities { }	
Wheelchair user/other mobility difficulties { }		Other disability, please specify { }	
An unseen disability, e.g. diabetes, epilepsy, asthma { }		_____	