Submit by Email

Equal Opportunities Monitoring

If you feel you may require additional help with our recruitment process, please tick here (a member of our team will then contact you to discuss your requirements)	☐

Equal Opportunities Policy

regis:ctv is committed to a policy of equality of opportunity in its employment and personnel practices. It is committed to ensuring that every employee or job applicant receives equitable treatment on the grounds of his/her gender, marital status, dependants, sexual orientation, race, religion or creed, ethnic or national origins and nationality (including citizenship), age, disability, HIV or AIDS status, and/or other medical conditions, trade union membership/activity and/or political views/affiliations.

We wish to monitor the effectiveness of this policy and aim to prevent any job applicant being disqualified by conditions and requirements which cannot be shown to be justified. It is therefore important that you provide the following information by ticking the appropriate boxes. The information collected on this section of the application form will remain confidential to the HR department and will not be disclosed to those who are shortlisting and appointing to the vacant position.

1. Job title

Please indicate the job title as advertised	

2. Ethnic Origin

Please indicate your ethnicity by selecting the most appropriate choice below

	Asian or Asian British Bangladeshi	☐	19	Mixed White & Asian	☐
12	Asian or Asian British Indian	☐	20	Mixed White & Black African	☐
13	Asian or Asian British Pakistani	☐	21	Mixed White & Black Caribbean	☐
14	Other Asian Background	☐	22	Other mixed background	☐
15	Black or Black British African	☐	23	White British	☐
16	Black or Black British Caribbean	☐	24	White Irish	☐
17	Other Black background	☐	25	Other White background	☐
18	Chinese	☐	98	Any other	☐

3. Disabilities

* Do you consider yourself to have a disability?	Yes	☐	No	☐

* Your answer should take into account the definition of disability given in the Disability Discrimination Act 1995, which is “A physical or mental impairment which has a substantial or long term adverse effect on ability to carry out normal day-to-day activities”.

If you are registered as disabled please state your registration no.	

4. Learning Difficulties

Please indicate whether you have any learning difficulties by selecting the most appropriate choice below

01	Moderate learning difficulty	☐	20	Autism spectrum disorder	☐
02	Severe learning difficulty	☐	90	Multiple learning difficulties	☐
10	Dyslexia	☐	97	Other	☐
11	Dyscalculia	☐	98	No learning difficulty	☐
19	Other specific learning disability	☐			

5. Gender

Male	☐	Female	☐	Other	☐

6. Marital status

Married	☐	Single	☐	*Other	☐	(*please specify)

7. Age

Please indicate your age by entering your date of birth	