

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 or civil partner status, disability, age, sexual orientation, gender reassignment, race, colour, nationality and religion or belief 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 Equality Act 2010. Access to this information is restricted and will only be viewed by those appointed to input the data, not by those involved in the recruitment 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 in this form will be handled confidentially and will only be used for the purposes of monitoring and improving our employment practices and will play no part in the recruitment process.

All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be. All information supplied will be treated in the strictest confidence. It will not be placed on your personnel file.

Thank you for your co-operation.

Job applied for:

| Closing date for applications: | | | | | | | | | | |
|--------------------------------|---------------|--|-----------|-------------------------|--|--|--|--|--|--|
| | | | | | | | | | | |
| Age What is y | our age (plea | ase tick)? | | | Gender: Male/Female (please delete as appropriate) | | | | | |
| 16– 17 | 18-21 | 22- 30 | 31- 40 | 41- 50 | (If you are undergoing gender reassignment, please use the gender identity you intend to acquire.) | | | | | |
| 51- 60 | 61–65 | 66-70 | 71+ | Prefer not to say | Do you identify as transgender/transsexual? Yes No Prefer not to say | | | | | |
| Children Other dep | pendants e.g. | ? Yes { } No { } Ages 5-16 { } Ages 17-18 { } | | | | | | | | |
| Equality status. If | | t who are married or in civil partnerships under the tor marital and civil partner status and lone parent Yes { } No { } Yes { } No { } | | | | | | | | |

| Sexual Orientation | | | | | | | | | | | | |
|---|-------------------------|--------------------|---------------|-------|--|-------------|--|--|--|--|--|--|
| How would you describe your sexual orientation (please tick)? | | | | | | | | | | | | |
| Heterosexual / straight | Bisexual | | Prefer not to | o say | | | | | | | | |
| Gay man | Gay woma | n / | | • | | | | | | | | |
| | lesbian | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Religion or Belief | | | | | | | | | | | | |
| Please describe your religion or other strongly-held belief. | | | | | | | | | | | | |
| I would describe my religion or belief as: | | | | | | | | | | | | |
| I have no particular religion | or belief | | | | | | | | | | | |
| Prefer not to say | | | | | | | | | | | | |
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| Ethnicity: (please tick below to | indicate your ethnic or | igin) | | | | | | | | | | |
| White { | } Blac | k or Black British | | | ddle/Near Eastern | { } | | | | | | |
| Asian or Asian British Prefer not to answer { | } Mixe | ed Ethnic Group | { } | Ot | her | { } | | | | | | |
| | , | | | | | | | | | | | |
| Nationality | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Disability: (the Equality Act 2010) defines a disability as any physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities. | | | | | | | | | | | | |
| Do you consider yourself to have | ve a disability? | Ye | es { } | No { | } | | | | | | | |
| Please tick which category you | think best describes yo | ur disability. | | | | | | | | | | |
| Dyslexia { Mental health disability { | } | Blind or partially | sighted { | } | Deaf or hearing imp Multiple disabilities | airment { } | | | | | | |
| Wheelchair user/other mobility | difficulties | Personal care sup | port { | } | Other disability, ple | | | | | | | |
| An unseen disability, e.g. diabetes, epilepsy, asthma | | | | | | | | | | | | |
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| Where did you hear about this j | ob? | | | | | | | | | | | |
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