



# FM HR SERVICES, ESU - EEO DATA COLLECTION FORM

Employees have the option to complete this form as part of their new starter paperwork, as this will assist in developing and implementing EEO plans.

<b>Surname</b>		<b>Given Name (s)</b>	
<b>Employee Number</b>		<b>Facility / Location</b>	
<b>Position Title</b>		<b>Contact Number</b>	

**1. Are you Aboriginal or Torres Strait Islander?**  
 An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander decent, who identifies as such and is accepted as such by the community in which he or she lives. If you are both Aboriginal and Torres Strait Islander, please mark both 'Yes' boxes.

Yes, Aboriginal       Yes, Torres Strait Islander       No

**IF YOU ANSWERED 'YES' TO QUESTION 1, PLEASE GO TO QUESTION 4.**

**2. What Language did you first speak as a child?**       English       Other language \_\_\_\_\_

**3. Are you from a racial, ethnic or ethno-religious group which is a minority in Australian society?**  
 You should answer 'Yes' to this question if you are from a minority because of any of the following:

Your language background or accent  
 Your religion or culture  
 Your ethnic or racial appearance  
 Your country of birth or descent

Yes       No

**4. Are you a person with a disability?**  
 You should answer 'Yes' to this question if you have any one or more of the limitations or restriction listed below:

A long term medical condition or ailment  
 Speech difficulties in your native language  
 Disfigurement or deformity  
 A psychiatric condition  
 Head injury, stroke or any other brain damage  
 Loss of sight or hearing eg wear hearing aid and/or glasses in order to work  
 Incomplete use of any part of your body  
 Blackouts, fits or loss of consciousness  
 Restriction in physical activities or in physical work  
 Slowness at learning or understanding  
 Any other condition resulting in a restriction

Yes       No

**5. If 'Yes' to Question 4, do you require adjustment to be made at work?**  
 You should answer 'Yes' to this question if your disability would make it necessary to change any of the following:

The tasks of the job  
 The workplace or work area  
 How others behave towards you at work  
 The equipment you use  
 Your working hours

Yes       No