

Equality and Diversity Monitoring Form

wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please be assured that any information disclosed on this form will not be shared with the recruitment panel for the role you are applying for and will be used only by the organisation to store and process anonymised diversity data for the purpose of ensuring equality of opportunity.

Gender *(Please tick the appropriate box)*

Man Woman Intersex Non-binary Prefer not to say

If you prefer to use your own term, please specify here

Are you married or in a civil partnership? *(Please tick the appropriate box)*

Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
(Please tick the appropriate box)

50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish

British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in.....

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian

Prefer not to say

Any other mixed background, please write in.....

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in.....

Black/African/Caribbean/Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in.....

Other ethnic group

Arab Prefer not to say

Any other ethnic group, please write in.....

Do you consider yourself to have a disability or health condition? (Please tick the appropriate box)

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work?

Please write in here.....

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your sexual orientation? (Please tick the appropriate box)

Heterosexual Gay Lesbian Bisexual Prefer not to say

If you prefer to use your own term, please specify here.....

What is your religion or belief? *(Please tick the appropriate box)*

No religion or belief	Buddhist	Christian	Hindu	Jewish
Muslim	Sikh	Prefer not to say		

If other religion or belief, please write in.....

What is your current working pattern? *(Please tick the appropriate box)*

Full-time	Part-time	Prefer not to say
-----------	-----------	-------------------

What is your flexible working arrangement? *(Please tick the appropriate box)*

None	Flexi-time	Staggered hours	Term-time hours
Annualised hours	Job-share	Flexible shifts	Compressed hours
Homeworking	Prefer not to say		

If other, please write in.....

Do you have caring responsibilities? *(Please tick all that apply)*

None	Primary carer of a child/ children (under 18)	Primary carer of disabled child/children
Primary carer of disabled adult (18 and over)	Primary carer of older person	Secondary carer (another person carries out the main caring role)
Prefer not to say		