



Equality and Diversity Monitoring Form

Why are we asking you for this information?

As part of our ongoing commitment to encouraging a diverse and effective workforce that reflects our diverse communities, it is vital we gather, monitor and analyse diversity information to ensure we build an accurate picture of the make-up of our workforce and treat all our employees and applicants fairly.

We would appreciate your cooperation in helping us make sure that we retain and attract a diverse and effective workforce.

Completion of this form is voluntary and is used for statistical purposes only. Any information you provide will be treated confidentially, in accordance with the Equality Act 2010 and Data Protection Act 2018.

1. How would you describe your ethnic group? (Please tick)

White

- Welsh/English/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White Background, please describe _____

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/multiple ethnic background, please describe _____

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please describe _____

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background, please describe _____

Other ethnic group

- Arab
- Any other ethnic group, please describe _____

- Prefer not to say

2. Are you:

- Female
- Male
- Intersex
- Non-binary
- Identified in another way
- Prefer not to say



3. Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No
- Prefer to self-describe
- Prefer not to say

4. What is your age group?

- 16-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75+ years
- Prefer not to say

5a. Are your day-to-day activities limited because of a health condition or disability which has lasted, or is expected to last, at least 12 months, or more?

Equality Act 2010 defines a disability as ‘a physical or mental impairment (long term effect), and the impairment has a substantial and long-term adverse effect on one’s ability to carry out normal day-to-day activities’

- Yes, limited a lot
- Yes, limited a little
- No
- Prefer not to say

5b. If you ticked ‘Yes’ above, please can you tick the relevant box(es) below. You are welcome to tick more than one box if appropriate.

- Hearing impairment
- Visual impairment
- Physical impairment
- Learning impairment/disability
- Learning difficulty, such as dyslexia
- Mental health condition, such as depression or schizophrenia
- Social/ communication impairment such as Asperger's syndrome/other autistic spectrum disorder
- Long term health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- A disability, impairment or medical condition that is not listed above, please describe _____
- Prefer not to say

5c. What is the effect or impact of your disability or health condition on your ability to give your best at work?

Please describe _____

The information in this form is for monitoring purposes only. If you require a ‘reasonable adjustment’ please discuss with the recruiting manager or your line manager.

6. Please say how you would usually describe your sexual orientation?

- Lesbian/ Gay Woman
- Gay Man
- Bisexual
- Heterosexual
- I prefer to identify in another way/I prefer to self-describe, please describe _____
- Prefer not to say



7. What is your religion or belief?

- Buddhist
- Christian (all denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion or belief, please describe _____
- No religion
- Prefer not to say

8. Do you have caring responsibilities?

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

9. What is your current working pattern?

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

10. What is your working arrangement?

- Flexible
- Flexi-time
- Staggered hours
- Term-time
- Annualised
- Job-share
- Flexible shifts
- Compressed hours
- Homeworking
- Other, please describe _____
- Prefer not to say

11. Are you?

- Married or in a civil partnership
- Neither
- Prefer not to say

11. I do not wish to provide any of the information requested on this form

Thank you for completing this form