

EQUALITIES & DIVERSITY MONITORING FORM



Total Wellbeing Matters wants to meet the aims and commitments set out 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.

Please complete this form and return in it in a separate envelope, alongside your completed application form. It is entirely confidential and will not be made available to those involved in short listing or the selection process, or for any purpose other than monitoring and statistical reporting.

1. **Age**
- | | | | | | | | |
|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|
| 16-24 | <input type="checkbox"/> | 25-29 | <input type="checkbox"/> | 30-34 | <input type="checkbox"/> | 35-39 | <input type="checkbox"/> |
| | | 40-44 | <input type="checkbox"/> | 45-49 | <input type="checkbox"/> | 50-54 | <input type="checkbox"/> |
| | | 55-59 | <input type="checkbox"/> | 60-64 | <input type="checkbox"/> | 65+ | <input type="checkbox"/> |

2. **Gender**
- | | | | | | |
|-------------------|--------------------------|--------|--------------------------|-----------------------------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | Non-binary | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | Other | <input type="checkbox"/> | <i>please specify</i> | |

3. **Ethnicity**

Please tick the most appropriate box below to describe your ethnic group or origin.

White:

British (English, Welsh, Scottish, Northern Irish)

Irish

Other White

Mixed:

White and Black Caribbean

White and Black African

Other mixed

Black or Black British:

Black Caribbean

Black African

Other Black

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Other Asian

Other ethnic group:

Arab

Other ethnic group

4. Disability

Do you consider yourself to have a disability or health condition?

Yes No

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

.....
.....

5. Religion or belief

No religion or belief	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Other	<input type="checkbox"/> <i>please specify</i>		

6. Sexual Orientation

Heterosexual	<input type="checkbox"/>	Gay woman / Lesbian	<input type="checkbox"/>
Gay man / Homosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/> <i>please specify</i>		

7. Caring responsibilities

Is there anyone who relies on you for day-to-day care and attention?
If yes, tick all that apply.

None	<input type="checkbox"/>
Primary carer of child/children (under 18)	<input type="checkbox"/>
Primary carer of disabled child/children	<input type="checkbox"/>
Primary carer of disabled child/children	<input type="checkbox"/>
Primary carer of disabled adult (over 18)	<input type="checkbox"/>
Primary carer of older person	<input type="checkbox"/>
Secondary carer	<input type="checkbox"/>