**Equality Monitoring Form**

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| We are an equal opportunities employer and want to ensure that all applicants are considered solely on their merits. Therefore, we need to check that decisions are not influenced by unfair or unlawful discrimination. To help us we should be grateful if you would complete this short questionnaire. You only need to answer if you feel happy to do so. Your answers will be treated with the utmost confidence and will only be used for the purposes stated in the Job Applicants Privacy Notice.Please choose one option for each of the questions listed below and then tick or place an X in the appropriate box. If you do not want to answer some of the questions, please tick the ‘Prefer not to answer’ box. | | | | | | |
| Your Name | |  | | | | |
| 1. | **Are you**: Male □ Female □ Prefer not to say □ I would prefer to use the term: ……………………………………………… | | | | | |
| 2. | **Please indicate your marital/civil partnership status**: …………………………………………………………….. | | | | | Prefer not to say □ |
| 3a. | **Do you consider yourself to have a disability?**  Yes □ No □ Prefer not to say □ | | (The Equality Act 2010 considers a person to be disabled if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”.) | | | |
| 3b. | **If Yes, please indicate the type of disability or illness you have. Please tick all those that apply. If none apply please mark ‘Other’ and give details.** | | | | | |
|  | □ Physical impairment such as difficulty using your arms or mobility issues. | | | | | |
|  | □ Sensory impairment such as being blind / having serious visual impairment or being deaf / having a serious  hearing impairment. | | | | | |
|  | □ Mental health condition such as depression or schizophrenia. | | | | | |
|  | □ Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy. | | | | | |
|  | □ Other (please specify) ……………………………………………………………………………………………………………………………………………. | | | | | |
|  | □ Prefer not to say | | | | | |
| 4. | **Do you have any caring responsibilities?** | | | | | |
| Yes □ No □ Prefer not to say □ | | | If Yes, do you: Look after children □ Help someone ill or disabled □ | | |
| 5. | **Please indicate which of these groups you consider you belong to:** | | | | | |
| □ White, British | | | | □ Black or Black British, Caribbean | |
| □ White, Irish | | | | □Black or Black British, Any other Black Background | |
| □ White, any other white background | | | | □ Mixed ,White and Asian | |
| □ Asian or Asian British Bangladeshi | | | | □ Mixed, White and Black African | |
| □ Asian or Asian British Indian | | | | □ Mixed ,White and Black Caribbean | |
| □ Asian or Asian British Pakistani | | | | □ Mixed, any other mixed background | |
| □ Asian or Asian British , any other Asian Background | | | | □ Traveller of Irish heritage | |
| □ Chinese | | | | □ Gypsy/Roma | |
| □ Black or Black British , African | | | | □ Any other ethnic background  □Prefer not to say | |
| 6. | **What is your religion?** | | | | | |
| □ No religion | | | | □ Jewish | |
| □ Buddhist | | | | □ Muslim | |
| □ Hindu | | | | □ Sikh | |
| □ Christian (including Church of England, Catholic, | | | | □ Any other religion (state) …………………………………………. | |
| Protestant and all other Christian denominations) | | | | □ Prefer not to say | |
| 7. | **Which of the following options best describes how you think of yourself?** | | | | | |
| □ Heterosexual or Straight | | | | □ Other | |
| □ Gay or Lesbian | | | | □ Prefer not to say | |
| □ Bisexual | | | |  | |