



Equality and diversity monitoring form

We are committed to ensuring that all job applicants and members of staff are treated equally, without discrimination because of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age. This form is intended to help us maintain equal opportunities best practice, identify barriers to workforce equality and diversity and build 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. Whilst you are not obliged to answer any of the questions, the more information you supply the more effective our monitoring will be. All information will be treated in the strictest confidence.

Please complete this form and return it with your application. The form will be separated from your application on receipt. The information in this form will be used for monitoring purposes only and will play no part in the recruitment process.]

Thank you for your assistance.



Equality and diversity monitoring form

Employee

Job applicant

Name _____ Job _____

Signed _____ Date _____

Gender

- Man
- Woman
- Intersex
- Non-binary
- Prefer not to say

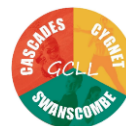
If you prefer to describe yourself using a different term, please specify here:

Are you married or in a civil partnership?

- Yes
- No
- Prefer not to say

Age

- | | | |
|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | |
| <input type="checkbox"/> 30-44 | <input type="checkbox"/> 55-59 | |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | |
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65+ | |



What is your religion or belief?

- | | |
|--|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> No Religion or belief |

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

What is your sexual orientation?

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Prefer not to say

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

What is your ethnicity?

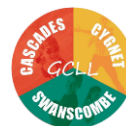
White

- | | |
|---|---|
| <input type="checkbox"/> English | <input type="checkbox"/> British |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Prefer not to say |

Any other background, please detail below:

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Prefer not to say



Any other mixed background, please detail below:

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Prefer not to say

Any other Asian background, please detail below:

Black/African/Caribbean/Black British

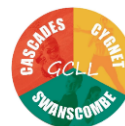
- African
- Caribbean
- Prefer not to say

Any other Black/African/Caribbean background, please detail below:

Other ethnic group

- Arab
- Prefer not to say

Any other ethnic background, please detail below:



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

- 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 detail 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 current flexible working pattern?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Annualised hours |
| <input type="checkbox"/> Flexi-Time | <input type="checkbox"/> Compressed hours |
| <input type="checkbox"/> Staggered hours | <input type="checkbox"/> Flexible shifts |
| <input type="checkbox"/> Term-Time hours | <input type="checkbox"/> Job share |
| <input type="checkbox"/> Home/hybrid working | <input type="checkbox"/> Prefer not to say |

If you have any other arrangement, please detail below:



Do you have caring responsibilities?

- Yes
- No
- Prefer not to say

If yes, please tick all that apply: is your current flexible working pattern?

- Primary carer of a child/children (under 18)
- Primary carer of Disabled child/children
- Primary carer of older person
- Secondary carer (another person carries out the main caring role)
- Prefer not to say

If you have any other arrangement, please detail below:
