 **Equality and Diversity Monitoring**

Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

|  |  |  |
| --- | --- | --- |
| Ethnicity | Workforce census code | Please tick |
| White | WBRI | British English Welsh Northern Irish Scottish |[ ]
|  | WIRI | Irish |[ ]
|  | WIRT | Traveller of Irish Heritage |[ ]
|  | WROM | Gypsy / Roma |[ ]
|  | WOTH | Any other White background |[ ]
| Mixed | MWBC | White and Black Caribbean |[ ]
|  | MWBA | White and Black African |[ ]
|  | MWAS | White and Asian |[ ]
|  | MOTH | Any other Mixed background |[ ]
| Asian or Asian British | AIND | Indian |[ ]
|  | APKN | Pakistani |[ ]
|  | ABAN | Bangladeshi |[ ]
|  | CHNE | Chinese |[ ]
|  | AOTH | Any other Asian background |[ ]
| Black or Black British | BCRB | Black – Caribbean |[ ]
|  | BAFR | Black – African |[ ]
|  | BOTH | Any other Black background |[ ]
| Other ethnic group | ARAB | Arab |[ ]
|  | CHNE | Chinese |[ ]
|  | REFU | Refused/Prefer Not to Say |[ ]
|  | OOTH | Any other ethnic group |[ ]

|  |  |
| --- | --- |
| Sexual orientation | Please tick |
| Bi-sexual |[ ]
| Gay Man |[ ]
| Gay Woman |[ ]
| Heterosexual |[ ]
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Gender | Pleasetick |
| Female |[ ]
| Male |[ ]
| Transgender |[ ]
| Prefer not to say |[ ]

|  |  |
| --- | --- |
| Personal relationship | Please tick |
| Single |[ ]
| Living together |[ ]
| Married |[ ]
| Civil Partnership |[ ]
| Prefer not to say |[ ]

|  |  |
| --- | --- |
| Religion or belief | Please tick |
| No religion |[ ]
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |[ ]
| Buddhist |[ ]
| Hindu |[ ]
| Jewish |[ ]
| Muslim |[ ]
| Sikh |[ ]
| Any other religion (Write in) |[ ]
| Prefer not to say |[ ]

|  |  |
| --- | --- |
| Disability*Do you consider that you have a disability?* | Please tick |
| Yes - Please complete the grid below |[ ]
| No |[ ]
| Prefer not to say |[ ]
| My disability is: |  |
| Physical Impairment | Click or tap here to enter text. |
| Sensory Impairment | Click or tap here to enter text. |
| Mental Health Condition | Click or tap here to enter text. |
| Learning Disability/ Difficulty | Click or tap here to enter text. |
| Long standing illness | Click or tap here to enter text. |
| Other | Click or tap here to enter text. |
| Prefer not to say | Click or tap here to enter text. |