**DIVERSITY MONITORING FORM**

The questions set out in this form help us to monitor the effectiveness of our equal opportunities policy by gaining a picture of all those applying for and obtaining position. They also help us to monitor how we are complying with equality law as set out in the Equality Act 2010 (EqA).

Applicants and employees are protected from unlawful discrimination. We ask for information on your ‘protected characteristics’ in order to help us monitor our performance on equality. No information contained in this form will be used for the purposes of processing your application and will not be seen by those involved in recruitment decision-making.

**Personal Details**

|  |  |
| --- | --- |
| Title: | Mr / Mrs / Miss / Ms / Mx / Dr / Prof / Other |
| First name: |  |
| Family name: |  |
| Age band: | 16-24  25-34  35-44  45-54  55-64  65+ |
| Sex: | Male  Female  Intersex  Prefer not to say  I identify as another term: ……………………………………………… |
| Gender identity: | If you indemnify as transsexual, transgender (in that you have effected a change of gender identity) which group do you identify with?  Transsexual  Transgender  Gender non-confirming  Non-binary  I identify as another term: ……………………………………………… |

**Ethnic origin: please tick one!**

**Asian or Asian British**

Bangladeshi

Indian

Pakistani

Any other Asian background

Please specify below, if you wish: ………………………………………

**Mixed Heritage**

Black and White Caribbean

Black and White African

Asian and White

Any other mixed background

Please specify below, if you wish: ………………………………………

**Black or Black British**

African

Caribbean

Any other Black background

Please specify below, if you wish: ………………………………………

**White**

British

English

Irish

Scottish

Welsh

Any other White background

Please specify below, if you wish: ………………………………………

**Chinese or Other ethnic group Prefer not to say**

Chinese

Any other

Please specify below, if you wish:

………………………………………

# Disability

Do you consider yourself to have a disability under the Equality Act 2010 (EqA)? Under this Act, a person has a disability if:

* they have a **physical or mental impairment**

# the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the EqA, these words have the following meanings

* '**substantial'** means more than minor or trivial
* **'long-term'** means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
* **'normal day-to-day activities'** include everyday things like eating, washing, walking and going shopping

Certain conditions are automatically covered such as cancer (even if you are in remission). When you answer the question about whether or not you are disabled, you should **not** take into account the effect of any medication/ treatments used which reduce the effects of impairments (such as taking insulin for type 1 diabetes). Instead, you should think about the effect the impairment would have if such medication/treatments were **not** being used.

Yes  No  Prefer not to say

|  |
| --- |
| If you selected yes, please indicate your disability:  Vision (e.g. blindness or partial sight)  Hearing (e.g. deafness or partial hearing)  Mobility (e.g. difficulty walking short distance, climbing stairs, lifting and carrying)  Learning, concentrating or remembering  Mental health  Stamina or breathing difficulty  Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)  Other impairment  Prefer not to say |

This information is provided for monitoring purposes only – if you need any reasonable adjustments you should arrange these separately.

**Religion or belief: Please tick against one of the following:**

No religion  Jewish

Baha’i  Muslim

Buddhist  Sikh

Christian  Prefer not to say

Hindu  Other

Please specify below, if you wish:

……………………………………..

Jain

**Sexual Orientation: Please tick one**

Bisexual  Gay man/homosexual

Gay woman/Lesbian  Heterosexual/Straight

Prefer not to say  I identify as another term

Asexual  Please state: ……………………….