



## Equality and Diversity monitoring form

If you do not want to answer any specific question, please leave it blank.

What is your gender? Male  Female   Prefer not to say

Gender Identity • Is your gender identity the same as that assigned at birth?

Yes  No  Prefer not to say

Are you married or in a civil partnership?

Yes  No  Prefer not to say

Age 16-24  25-29  30-34  35-39  40-44  45-49   
50-54  55-59  60-64  65+   Prefer not to say

What is your ethnic group?

### White

English  Welsh  Scottish  Northern Irish  Irish   
British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

### Mixed/multiple ethnic groups

White and Black Caribbean  White and Black African  White and Asian   
Prefer not to say  Any other mixed background, please write in:

### Asian/Asian British

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say   
Any other Asian background, please write in:

### Black/ African/ Caribbean/ Black British

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

### Other ethnic group

Arab  Prefer not to say  Any other ethnic group, please write in:

[Form continues]

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

- Yes     No     Prefer not to say

**If you have answered 'yes', please tick the box(es) below that best describe your impairment.** *This information helps us improve access and remove barriers to our services.*

- Hearing, e.g. profound to mild deafness  
 Communication, e.g. speech  
 Visual, e.g. blind or partial sighted  
 Mobility or physical, e.g. walking, dexterity  
 Long-term illness or health condition, e.g. cancer, HIV, diabetes, chronic heart disease, rheumatoid arthritis, chronic asthma  
 Learning, e.g. Down's syndrome  
 Developmental, e.g. Dyslexia  
 Impaired memory/concentration or ability to understand, e.g. Stroke, dementia, head-injury  
 Mental ill health, e.g. Bi polar disorders, schizophrenia, depression  
 Other (please state below)

**What group do you identify most with?**

- Heterosexual     Gay woman/lesbian     Gay man     Bisexual   
Prefer not to say     *If other, please write in:*

**What is your religion or belief?**

- No religion or belief     Buddhist     Christian     Hindu     Jewish   
Muslim     Sikh     Prefer not to say     *If other, please write in:*
- 

**Employment Status**

- Student     Employed/self-employed     Retired     Other (please state below)

**Please tell us any other considerations you would like us to know:**

*Thank you for taking the time to complete this form.*

**Please send it to the person named in the job advert / listing on our website.**