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# **Equal Opportunities Monitoring form**

We are committed to providing diversity and ensuring equal opportunities for all. This form helps us monitor and improve our inclusivity efforts.

**Providing this information is entirely voluntary and all responses will be kept confidential.**

## Which of the following describes your gender?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Woman |  | Man |  | Non-binary |  | Prefer not to say |  |
| Prefer to self describe (please write in) | | | | | | | |

## Which age group are you in?

|  |  |  |  |
| --- | --- | --- | --- |
| Under 25 |  | 45-54 |  |
| 25-44 |  | 55-64 |  |
| 35-44 |  | Over 65 |  |

## Please select the option that best describes your sexual orientation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hetrosexual/straight |  | Gay man |  | Lesbian/Gay woman |  | Bisexual |  |
| Asexual |  | Pansexual |  | Queer |  | Undecided |  |
| Prefer not to say |  |  | | | | | |
| Prefer to self describe (please write in): | | | | | | | |

## Do you consider yourself to be a transgender person?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

## Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship, it relates to the group you identify with. Please select the appropriate option.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Asian or Asian British** | | | | | | | |
| Indian |  | Pakistani |  | Bangladeshi |  | Chinese |  |
| Any other Asian background (please specify) | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Black, African, Carribean or Black British** | | | |
| African |  | Carribbean |  |
| Any other black background (please specify) | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mixed or Multiple Ethnic Groups** | | | | | |
| White & Black Carribbean |  | White & Black African |  | White & Asian |  |
| Any other mixed/multiple background (please specify) | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **White** | | | | | | | |
| British |  | Scottish |  | English |  | Welsh |  |
| Northern Irish |  | Irish |  | Gypsy or Irish Traveller |  |  | |
| Any other white background (please specify) | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Other Ethnic Group** | | |
| Arab |  |  |
| Any other ethnic background (please specify) | | |

|  |  |
| --- | --- |
| Prefer not to say |  |

## Disability & Health Conditions

Under the Equality Act 2010 a disability is defined as a physical or mental impairment that has a substantial and long term impact on your ability to carry out daily activities.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

|  |
| --- |
| If yes, and you wish to share, please provide further details of your disability or health condition |

This information is for monitoring purposes only. If you would like to talk to us about reasonable adjustments please let us know when you make your application.

## Religion or Belief

Please select the option that best describes your religion or belief

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| None |  | Buddhist |  | Christian |  |
| Hindu |  | Jewish |  | Muslim |  |
| Sikh |  | Spiritual but not religious |  | Humanist |  |
| Prefer not to say |  |  | | | |
| Any other religion or belief (please specify) | | | | | |

## Caring responsiblities

If you have caring responsibilities please tick all that apply

|  |  |  |  |
| --- | --- | --- | --- |
| None |  | Primary carer of an older adult  (e.g. parent, relative, or dependent) |  |
| Primary carer of a child or children (under 18) |  | Secondary carer (another person carries out the main caring role) |  |
| Primary carer of a disabled child or children (under 18) |  | Prefer not to say |  |
| Primary carer of a disabled adult (18 and over) |  |  | |
| Other caring responsibilities (please specify): | | | |

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