

**Equality and Diversity Monitoring Form**

The intention of monitoring and analysis is to establish if there are different success rates between genders, people of different sexual orientation, ages, different ethnic backgrounds or faiths, and people with disabilities. If there are differences in success rates it will enable action to be taken to ensure that no group is treated unfairly. Your answers will be treated confidentially and will not affect your application in any way.

|  |  |
| --- | --- |
| Title  | Mr / Mrs / Ms / Ms / Miss / Dr / Other (*please specify*) |
| Surname |  |
| First name |  |
| Age | 16-24 [ ]  25-34 [ ]  35-44 [ ]  45-54 [ ]  55-64 [ ]  65+ [ ]  |
| Gender | Male [ ]  Female [ ]  non-Binary [ ]  Other [ ]  Prefer to self-describe: ………………………………………………………….. |
| Gender identity | Does your gender identity match your sex as registered at birth?Yes [ ]  No [ ]  Prefer not to say [ ]   |

### **Personal Details:**

### **Ethnic origin:** Please tick against one of the following

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British**Bangladeshi IndianPakistaniAny other Asian background *Please specify below if you wish.......*........................................................... | [ ] [ ] [ ] [ ]  | **Mixed** Black and White CaribbeanBlack and White AfricanAsian and White Any other mixed background*Please specify below if you wish.......*........................................................ |  [ ]  [ ]  [ ]   [ ]  |
| **Black or Black British**AfricanCaribbeanAny other Black background*Please specify below if you wish*.................................................................. | [ ] [ ] [ ]  | **White**BritishEnglishIrishScottishWelshAny other White background*Please specify below if you wish.......*........................................................ | [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Chinese or Other ethnic group**ChineseAny other *Please specify below if you wish.......*........................................................... | [ ] [ ]  | **Prefer not to say**  |  [ ]  |

### **Disability:** Please tick against one of the following

### Do you consider yourself to have a disability under the Equality Act 2010?

In the 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 Act, 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

**Yes** [ ]  **No** [ ]  **Prefer not to say** [ ]

**If you answered ‘Yes’, please describe the nature of your disability:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| No religionBaha’iBuddhistChristianHinduJain | [ ] [ ] [ ] [ ] [ ] [ ]  | Jewish Muslim Sikh Other*Please specify below if you wish*…………………………..………………………………Prefer not to say  | **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  |

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

### **Sexual orientation:** Please tick against one of the following

|  |  |  |  |
| --- | --- | --- | --- |
| BisexualGay Woman/Lesbian Prefer not to say  | [ ] [ ] [ ]  | Gay Man/Homosexual Heterosexual/straight Prefer to self-describe:  | [ ] [ ] …………………………………………………… |

**Please indicate the print or online source where you saw this position advertised:**

**………………………..……………………………………………………..………………………………………………………………………………………………………....**

**Thank you for completing this form**