

Equality Monitoring Form

We are committed to Equality of Opportunity in our recruitment process and to monitor how well we are doing we need to collect monitoring data. This monitoring form is voluntary but the information we collect helps us to make sure we are an inclusive employer. The information supplied on this form is confidential and does not form part of the shortlisting process. It will only be used to provide an overall profile analysis of our job applicants.

Ethnic Background

These categories are based on the Census 2011 categories, and are listed alphabetically.

Disability

The Equality Act 2010 protects disabled people. The Act defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

For example:

- **Physical impairment**, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
- **Sensory impairment**, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment.
- **Mental health condition**, such as depression or schizophrenia.
- **Learning disability**, (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury).
- **Long-standing illness** or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- **Other**, such as disfigurement

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Ethnic Background	(Please tick ✓ below)	Religion/Belief	(Please tick ✓ below)
Asian – Bangladeshi		Agnostic	
Asian – British		Atheist	
Asian – Indian		Baha'i	
Asian – Pakistani		Buddhist	
Asian – Other		Christian	
Black – African		Hindu	
Black – British		Humanist	
Black – Caribbean		Jain	
Black – Other		Jewish	
Chinese		Muslim	
Latin American		Rastafarian	
Middle Eastern		Sikh	
White – British		Zoroastrian	
White – Irish		None	
White – European		Other	
White – Other		Prefer not to say	
Mixed Ethnicity			
Prefer not to say			
Do you consider yourself to have a disability?	(Please tick ✓ below)		
Yes			
No			
Prefer not to say			
If yes:	(Please tick ✓ below)	Age Group	(Please tick ✓ below)
Blind or Visual Impairment		Under 16	
Deaf or Hearing Impairment		16-17	
Learning Difficulty		18-24	
Mental health		25-34	
Mobility		35-44	
Other disability		45-54	
Prefer not to say		55-64	
		65+	
		Prefer not to say	
Gender	(Please tick ✓ below)	Sexual Orientation	(Please tick ✓ below)
Female		Bisexual	
Male		Gay Man	
Other		Heterosexual	
Prefer not to say		Lesbian	
		Other	
		Prefer not to say	
Gender Identity	(Please tick ✓ below)	Other Categories	
Is your gender identity the same as the gender you were assigned at birth?	Yes		
	No		
Prefer not to say			