Equality and Diversity Monitoring Form

Confidential

Name: Click or tap here to enter text.

Equality and Diversity
This form will not be considered as part of the application process. This information is used to develop our equality and diversity policies and is only used for monitoring purposes.
Gender
Man ☐ Woman ☐ Intersex Non-binary ☐ Prefer not to say ☐ If you prefer to use your own term, please specify here Click or tap here to enter text.
Marriage and Civil Partnership
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 ☐
Ethnicity
White: English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐ British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐ Any other white background, please specify Click or tap here to enter text. ***Black/ African/ Caribbean/ Black British:*** British ☐ African ☐ Caribbean ☐ Prefer not to say ☐ Any other Black/African/Caribbean background, please specify Click or tap here to enter text. ***Asian/Asian British*** Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Prefer not to say ☐ Any other Asian background, please specify Click or tap here to enter text. ***Mixed/Multiple Ethnic Groups:*** White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Prefer not to say ☐ Any other mixed background, please specify Click or tap here to enter text. ***Other Ethnic Group:*** Arab ☐ Prefer not to say ☐ Any other ethnic group, please specify Click or tap here to enter text.

Sexual Orientation
Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Prefer not to say ☐ If you prefer to use your own term, please specify Click or tap here to enter text.
Religion or Belief
No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Spiritualist ☐ Prefer not to say ☐ If other religion or belief, please specify Click or tap here to enter text.
Disability or Health Condition
Do you consider yourself to have a disability or health condition? Yes ☐ No ☐ Prefer not to say ☐ The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', please discuss this with the Registered Manager.
Caring Responsibilities
Do you have caring responsibilities? If yes, please tick all that apply None ☐ Primary carer of a child/children (under 18) ☐ Primary carer of disabled child/children ☐ Primary carer of disabled adult (18 and over) ☐ Primary carer of older person ☐ Secondary carer (another person carries out the main caring role) ☐ Prefer not to say ☐

Please return the completed form to the Registered Manager in a sealed envelope marked 'confidential'.