|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equality Monitoring Form** | | | | | | | | | | | | | | | | |
| THEP aims to select staff on merit, irrespective of race, sex, disability, age or other protected characteristics. In order to monitor the effectiveness of the organisations Equality Policy and recruitment procedures, we ask that all applicants complete this form and return it with their application. **The form will be separated from your application upon receipt and will not be shared with the selection panel.** Thank you. | | | | | | | | | | | | | | | | |
| **About you** | | | | | | | | | | | | | | | | |
| Surname | |  | | | | | | Postcode | | | |  | | | | |
| Age (dd/mm/yyyys) | |  | | | | | | Job Ref No. | | | |  | | | | |
| Post Applied For | |  | | | | | | Where did you see this post advertised? | | | |  | | | | |
| Applying for | | Full-time  Part-time | | | | | | | | | | | | | | |
| **Gender** | | | | | | | | | | | | | | | | |
| Are you | Female  Male  Transgender | | | | | | | | | | | | | | | |
| Is your gender identity the same as the gender you were born with? *(delete as appropriate)* | | | | | | | | | | | | | | YES | NO | |
| **Sexual Orientation** | | | | | | | | | | | | | | | | |
| Bisexual | | | |  | Heterosexual/Straight | | | | |  | Decline to state | | | |  | |
| Gay man | | | |  | Lesbian Woman | | | | |  | Other: | | | | | |
| **Religion/Belief** | | | | | | | | | | | | | | | | |
| Buddhist | | | 🞎 | | | | Jewish | | | | | | 🞎 | | | |
| Christian | | | 🞎 | | | | Muslim | | | | | | 🞎 | | | |
| Hindu | | | 🞎 | | | | Sikh | | | | | | 🞎 | | | |
| No Religion | | | 🞎 | | | | Decline to state | | | | | | 🞎 | | | |
| **Disability** | | | | | | | | | | | | | | | | |
| Learning difficulty | | | | | | 🞎 | | | Physical impairment | | | | | | | 🞎 |
| Long standing illness/health condition | | | | | | 🞎 | | | Sensory impairment | | | | | | | 🞎 |
| Mental health | | | | | | 🞎 | | | Other (Please Specify): | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnicity: Please tick one category below. The categories are based on the population census.** | | | | | |
| **Asian/British Asian** | | | **Mixed** | | |
| Bangladeshi | |  | White and Asian | |  |
| Indian | |  | White and Black African | |  |
| Chinese | |  | White and Black Caribbean | |  |
| Pakistani | |  | Other Mixed background (Please specify): | | |
| Vietnamese | |  |  | | |
| Other Asian background (Please specify): | | | **White** | | |
|  | | | English | |  |
| **Black/Black British** | | | Irish | |  |
| Caribbean | |  | Northern Irish | |  |
| Somali | |  | Scottish | |  |
| Other African | |  | Welsh | |  |
| Other Black background (Please specify): | | | Irish Traveller | |  |
|  | | | Gypsy/Roma | |  |
| **Other** | | | Other White background (Please specify): | | |
| Other ethnic background |  | |  | | |
| Please specify: | | |
| Decline to declare my ethnic background | | | |  | |

**What do we mean by a disability?**

The Disability Discrimination Act defines disability as ’a physical or mental impairment with long term, substantial effects on ability to perform day to day activities

**Examples of Disabilities**

The following list of conditions or impairments is given as a guide only and is not meant to be exclusive. We have provided this list as it may help you to answer the question.

* Hearing, speech or visual impairments (if you wear glasses or contact lenses this is not normally considered a disability)
* Co-ordination, dexterity or mobility (e.g. polio, spinal cord injury, back problems, repetitive strain injury)
* Mental health (e.g. schizophrenia, depression, severe phobias)
* Speech impairment (e.g. stammering)
* Learning Disabilities (e.g. Down’s syndrome)
* Other physical or medical conditions (e.g. diabetes, epilepsy, arthritis, cardiovascular conditions, haemophilia, asthma, cancer, facial disfigurement, sickle cell, dyslexia etc).