Equality and Diversity Monitoring.

This section will be separated from your application form. We need to collect this data to fulfil our public sector equality duties under the Equality Act 2010. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. Any information you enter on this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

Where did you see this vacancy advertised?

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic group** | **Workforce**  **census code** |  | **Please tick** |
| White | WBRI | British: English Welsh Northern Irish Scottish |  |
|  | WIRI | Irish |  |
|  | OOTH | Irish Traveller |  |
|  | OOTH | Gypsy/Roma |  |
|  | WOTH | Other White background |  |
| Mixed | MWBC | White and Black Caribbean |  |
|  | MWBA | White and Black African |  |
|  | MWAS | White and Asian |  |
|  | MOTH | Other Mixed background |  |
| Asian or | AIND | Indian |  |
| Asian British | APKN | Pakistani |  |
|  | ABAN | Bangladeshi |  |
|  | CHNE | Chinese |  |
|  | VIET | Vietnamese |  |
|  | AOTH | Other Asian background |  |
| Black or Black British | BCRB | Caribbean |  |
|  | BAFR | African |  |
|  | BSOM | Somali |  |
|  | BOTH | Other Black background |  |
| Other ethnic group | OOTH | Please write in: |  |
| Prefer not to say | REFU |  |  |

**DOB:**

|  |  |
| --- | --- |
| **Sexual orientation** | **Please**  **tick** |
| Bi-sexual |  |
| Gay |  |
| Lesbian |  |
| Heterosexual |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Gender** | **Please**  **tick** |
| Female |  |
| Male |  |
| Transgender |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Personal relationship** | **Please**  **tick** |
| Single |  |
| Living together |  |
| Married |  |
| Civil Partnership |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Disability**  Do you consider that you have a disability? | **Please tick** |
| Yes - Please complete the grid below |  |
| No |  |
| Prefer not to say |  |
|  |  |
| My disability is: |  |
| Physical Impairment |  |
| Sensory Impairment |  |
| Mental Health Condition |  |
| Learning Disability/ Difficulty |  |
| Long standing illness |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Religion** | **Please tick** |
| No religion |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion (Write in) |  |
| Prefer not to say |  |