**Equalities monitoring**



We’re bound by the Public Sector Equality Duty to promote equality for everyone and want to meet the aims and commitments set out in the equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the profile of the workforce in encouraging equality, inclusion, and diversity.

To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.

The information provided will be kept confidential and will be used for monitoring purposes only.

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| **equalities monitoring information** |
| **What is your age?** | ☐ 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65+ ☐ Prefer not to say  |
| **What gender are you?** | ☐ Male ☐ Female☐ Intersex ☐ Non-binary ☐ Other ☐ Prefer not to say |
| **Do you identify as the gender you were assigned at birth?** | ☐ Yes ☐ No☐ Prefer not to say |
| **How would you describe your ethnic origin?** |
| **White**☐ British☐ Irish☐ Gypsy or Irish Traveller☐ Any other White background**Asian or British Asian**☐ Bangladeshi☐ Indian☐ Pakistani☐ Chinese | **Black or Black British**☐ African☐ Caribbean☐ Any other Black background**Mixed or Multiple Ethnic Group**☐ White and Asian☐ White and Black African☐ White and Black Caribbean☐ Any other mixed background | **Other Ethnic groups**☐ Arab☐ Any other ethnic group☐ Prefer not to say |
| **Which of the following best describes your sexual orientation?** |
| ☐ Heterosexual☐ Lesbian☐ Homosexual | ☐ Asexual☐ Pansexual☐ Bisexual | ☐ Prefer not to say☐ Other☐ Undecided |
| **What is your religion or belief?** |
| ☐ Agnostic☐ Atheist☐ Buddhist☐ Christian☐ Hindu | ☐ Jain ☐ Jewish☐ Muslim☐ No religion | ☐ Other☐ Pagan☐ Sikh ☐ Prefer not to say |
| **Do you have any 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+)☐ Primary carer of older person ☐ Secondary Carer (another person carries out the main caring role)☐ Prefer not to say |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?** |
| Do you consider yourself to have a disability or health condition expected to last at least 12 months?☐ Yes ☐ No ☐ Prefer not to sayThe information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’; then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant. |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** |
| ☐ Physical impairment ☐ Sensory impairment☐ Learning disability/difficulty ☐ Long-standing illness☐ Mental health condition ☐ Developmental condition☐ Other |
| **Marital Status** |
| ☐ Single, that is never married or in a civil partnership ☐ Married☐ Separated, but still legally married ☐ Divorced☐ Widowed ☐ In a Civil Partnership☐ Separated, but still legal in a Civil Partnership |
| **Language** |
| Is English your first language (please tick one box)  |
| ☐ Yes ☐ No |