

Equality and Diversity Monitoring Form

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| **Position Applied For:** | Click or tap here to enter text. |

*Badminton School is committed to supporting equality of opportunity within the workplace. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of our workforce in encouraging equality and diversity.*

*Completion of this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes only. If you have any questions about the form, please contact* [*hr@badmintonschool.co.uk*](mailto:hr@badmintonschool.co.uk)

**Gender:** Male  Female  Intersex  Non-binary  Prefer not to say

If you prefer to use your own gender identity, please write in:

Click or tap here to enter text.

Is the gender you identify with the same as your gender registered at birth?

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

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in: Click or tap here to enter text.

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say

Any other Black, African or Caribbean background, please write in: Click or tap here to enter text.

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say

Any other Mixed or Multiple ethnic background, please write in: Click or tap here to enter text.

***White***

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please write in: Click or tap here to enter text.

***Other ethnic group***

Arab  Prefer not to say

Any other ethnic group, please write in: Click or tap here to enter text.

**Do you consider yourself to have a disability or health condition?**

YesNo  Prefer not to say

What is the effect or impact of your disability or health condition on your work? Please write in here:

Click or tap here to enter text.

The 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.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided

Prefer not to say

If you prefer to use your own identity, please write in: Click or tap here to enter text.

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please write in: Click or tap here to enter text.

**What is your working pattern?**

Full-time  Part-time  Prefer not to say

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours

Annualised hours  Job-share  Flexible shifts  Compressed hours  Homeworking  Prefer not to say  If other, please write in: Click or tap here to enter text.

**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