|  |
| --- |
| **Equality and diversity monitoring form**  You do not have to complete this form, but it would really help us if you do. We use the information it contains to report back to our funders (as we are required to do). Its most important purpose though is to try and ensure that our commitment to equality and diversity actually works in practice. The information you give us here will be used without your name attached, and will not be passed on to anyone. |

**Age**

|  |  |  |
| --- | --- | --- |
| 🞎 Under 18 | 🞎 18-24 | 🞎 25 - 44 |
| 🞎 45 - 64 | 🞎 65+ | 🞎 Prefer not to say |

**Ethnicity**

|  |  |  |
| --- | --- | --- |
| **Asian** | 🞎 Asian British | 🞎 Chinese |
|  | 🞎 Bangladeshi | 🞎 Indian |
|  | 🞎 Pakistani | 🞎 Other Asian (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Black** | 🞎 African | 🞎 Black British |
|  | 🞎 Caribbean | 🞎 Other Black (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Dual/multiple ethnic groups** | 🞎 Black African and White | 🞎 Black Caribbean and White |
|  | 🞎 Asian and White | 🞎 Other dual multiple ethnic (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **White** | 🞎 Irish | 🞎 Gypsy or Irish Traveller |
|  | 🞎 White British | 🞎 Other White (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Other ethnic group** | 🞎 Arab | 🞎 Other ethnic group (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | 🞎 Prefer not to say |  |

Please turn over

**Do you identify as a D/deaf or disabled person, or have a long-term health condition?**

|  |  |  |
| --- | --- | --- |
| 🞎 Yes | 🞎 No | 🞎 Prefer not to say |

If yes, please state which applies to you:

|  |  |  |
| --- | --- | --- |
| 🞎 D/deaf | 🞎 Learning disability | 🞎 Long-standing illness |
| 🞎 Mental health condition | 🞎 Physical impairment | 🞎 Other (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Gender**

|  |  |
| --- | --- |
| Please state:: | 🞎 Prefer not to say |

Do you identify as Trans?

|  |  |  |
| --- | --- | --- |
| 🞎 No | 🞎 Yes | 🞎 Prefer not to say |

**Religion/belief**

|  |  |  |
| --- | --- | --- |
| 🞎 None | 🞎 Yes (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Prefer not to say |

**Sexual orientation**

|  |  |  |
| --- | --- | --- |
| 🞎 Bisexual | 🞎 Gay/Lesbian | 🞎 Heterosexual |
| 🞎 Other (write in)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Prefer not to say |  |

**Where did you see this job advertised?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**