

Equalities Monitoring

We’re bound by the Public Sector Equality Duty to promote equality for everyone. 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.

This information **will not** be used during the selection process. It will be used for monitoring purposes only.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **equalities monitoring information** | | | | | | | | | | |
| **What is your date of birth?** | | **D** | **D** | **M** | | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  | |  |  |  |  |  |
| **What is your sex?** | | Male  Female | | | | | | | | |
| **What gender are you?** | | Male  Female  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**  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?** | | | | | | | | | | |
| Bisexual  Heterosexual/straight  Homosexual | | Other  Prefer not to say | | | | | | | | |
| **What is your religion or belief?** | | | | | | | | | | |
| Agnostic  Atheist  Buddhist  Christian  Hindu | Jain  Jewish  Muslim  No religion | | | | Other  Pagan  Sikh  Prefer not to say | | | | | |
| **Pregnancy and maternity** | | | | | | | | | | |
| Are you pregnant?  Yes  No  Prefer not to say | | Have you given birth within the last 12 months?  Yes  No  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?** | | | | | | | | | | |
| Yes  No  Prefer not to say | | | | | | | | | | |
| **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 | | | | | | | | | | |