

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.

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| **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 |