



Equality & Diversity Monitoring Form

We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified.

To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information:

Personal details:

Age:	16-24 <input type="checkbox"/>	25-34 <input type="checkbox"/>	35-44 <input type="checkbox"/>	45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/>	65+ <input type="checkbox"/>
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>			

Ethnicity:

Asian or Asian British		Mixed	
Bangladeshi	<input type="checkbox"/>	Black and White Caribbean	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black and White African	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>
Any other Asian background Please specify:	<input type="checkbox"/>	Any other mixed background Please specify:	<input type="checkbox"/>
Black or Black British		White	
African	<input type="checkbox"/>	British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	English	<input type="checkbox"/>
Any other Black background Please specify:	<input type="checkbox"/>	Irish	<input type="checkbox"/>
		Northern Irish	<input type="checkbox"/>
		Scottish	<input type="checkbox"/>
		Welsh Any other White background Please specify:	<input type="checkbox"/>
			<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Please specify			

Disability:

Do you consider yourself to have a disability under the Equality Act 2010?

Yes No Prefer not to say

Please describe the nature of your disability:

This information is provided for monitoring purposes only – if you need any reasonable adjustments you should arrange these separately.

Religion or Belief:

No religion	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
Atheism	<input type="checkbox"/>	Islam	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Other Please specify:	<input type="checkbox"/>
Hinduism	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Sexual Orientation:

Bisexual	<input type="checkbox"/>	Gay Man/Homosexual	<input type="checkbox"/>
Gay Woman/Lesbian	<input type="checkbox"/>	Heterosexual/straight	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

Thank you for completing this form