



Equality and Diversity Monitoring Form

This monitoring and analysis will support our Diversity and Inclusion Policy and help to ensure that no group is treated unfairly. Your answers will be treated confidentially and in line with our data protection policies.

Personal Details:

Title	Mr / Mrs / Miss / Ms / Dr / Other
Surname:	
First name:	
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"/>
Gender Identity (if appropriate)	If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with? Transsexual <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/>

Ethnic origin: Please tick against one of the following:

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

Disability: Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010?
In the Act, a person has a disability if:

- they have a physical or mental impairment
- the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

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: Please tick against one of the following

No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Baha'i	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Please specify below if you wish.....	
Jain	<input type="checkbox"/>	
		Prefer not to say	<input type="checkbox"/>

Sexual Orientation: Please tick against one of the following

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