**EQUALITY AND DIVERSITY MONITORING**

This section will be separated from the other parts of the application form. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept fully confidential and access is strictly limited in accordance with the Data Protection Act.

*Completion of this section of the application is optional.*

**Ethnic Group**

 *Please tick*

|  |  |  |
| --- | --- | --- |
| White | British (English Welsh Northern Irish Scottish) |  |
| Irish |  |
| Irish Traveller |  |
| Gypsy |  |
| Other White background |  |
| Mixed | White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Other Mixed background |  |
| Asian or Asian British | Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Other Asian background |  |
| Black or Black British | Caribbean |  |
| African |  |
| Other Black background |  |
| Other ethnic group | Arab |  |
| *Write in:*  |  |
| Prefer not to say |  |  |

 **Religion** **Disability**

 Do you consider yourself to have a disability? *Please tick*

 *Please tick*

|  |  |
| --- | --- |
| No religion |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion  *write in* |  |
|  |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Yes *Please complete the grid below* |  |
| No |  |
| Prefer not to say |  |
|  |  |
| My disability is: *Please tick* |
| Physical Impairment |  |
| Sensory Impairment |  |
| Mental Health Condition |  |
| Learning Disability/ Difficulty |  |
| Long standing illness |  |
| Other |  |
| Prefer not to say |  |

 **Sexual Orientation** *Please tick*

 **Gender** *Please tick*

|  |  |
| --- | --- |
| Bi-sexual |  |
| Gay |  |
| Lesbian |  |
| Heterosexual |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| Transgender |  |
| Prefer not to say |  |

 **Personal relationship** *Please tick*

|  |  |
| --- | --- |
| Single |  |
| Living together |  |
| Married |  |
| Civil Partnership |  |
| Prefer not to say |  |