**Equality and Diversity Monitoring Form**

|  |  |
| --- | --- |
| Reference No. (office use only) |  |

Privacy Notice: The intention of monitoring and analysis is to establish if there are different success rates between genders, ages, different ethnic backgrounds or faiths, and people with disabilities. If there are differences in success rates it will enable action to be taken to ensure that no group is treated unfairly. Your answers will be treated confidentially and will not affect your application in any way.

Information recorded and stored will not be identifiable to individuals.

**Personal Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Age: | 16-24 [ ]  | 25-34 [ ]  | 35-44 [ ]  | 45-54 [ ]  | 55-64 [ ]  | 65+ [ ]  |
| Gender: | Male [ ]  | Female [ ]  | Prefer not to say [ ]  |

**Ethnic origin: Please check one of the following:**

|  |  |
| --- | --- |
| **Asian or Asian British** | **Mixed** |
| Bangladeshi |[ ]  Black and White Caribbean |[ ]
| Indian |[ ]  Black and White African |[ ]
| Pakistani |[ ]  Asian and White |[ ]
| Any other Asian background (Please specify below if you wish) |[ ]  Any other mixed background (Please specify below if you wish) |[ ]
|  |  |  |  |
| **Black or Black British** | **White** |
| African |[ ]  British |[ ]
| Caribbean |[ ]  English |[ ]
| Any other Black background (Please specify below if you wish) |[ ]  Irish |[ ]
|  |  | Scottish |[ ]
|  | Welsh |[ ]
|  | Any other White background (please specify below if you wish |[ ]
|  |  |  |
| **Chinese or Other ethnic group** | **Prefer not to say** |[ ]
| Chinese |[ ]   |  |
| Any other (Please specify below if you wish) |[ ]   |
|  |  |  |

**Religion or belief: Please check against one of the following:**

|  |  |
| --- | --- |
| No religion |[ ]  Jewish |[ ]
| Baha’i |[ ]  Muslim |[ ]
| Buddhist |[ ]  Sikh |[ ]
| Christian |[ ]  Other (Please specify below if you wish |[ ]
| Hindu |[ ]   |  |
| Jain |[ ]  Prefer not to say |[ ]

**Disability: Please check against one of the following:**

|  |
| --- |
| Do you consider yourself to have a disability under the Equality Act 2010? |
| Yes |[ ]  No |[ ]

If you wish to 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.*

|  |
| --- |
| Please indicate where you saw this position advertised: |

**Thank you for completing this form**