



EQUALITY AND DIVERSITY MONITORING FORM

Equals Trust- Equality in Employment

This part of the application form will not be used to shortlist candidates for interview and will not be viewed by the recruitment panel.

Equals Trust is committed to the development of positive policies to promote equal opportunities in employment and in the delivery of our services, regardless of race, disability, sex, belief or religion, age, pregnancy and maternity, gender reassignment, marriage and civil partnership or sexual orientation. This commitment will apply to recruitment and selection practices, training and promotion, in the application of national and local agreements, in respect of pay and conditions of service and in the provision of all services. One aim of this policy is to make sure that you and other applicants for jobs are not discriminated against. The policy also aims to make sure that you are not disadvantaged by job conditions or requirements that are not relevant

Our workforce profile data is collected against categories which are determined through the National Census of the UK population. The categories on this form reflect those which the Office for National Statistics advise are likely to be used in the next census.

In order to monitor and ensure the successful development of this policy, all applicants for jobs are requested to complete the Equality and Diversity Monitoring information detailed below and overleaf.

Your sex - are you?	Male	Female	Prefer not to say
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your gender identity different to the gender assigned to you when you were born?	YES	No	Prefer not to say
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your age?	16-25	26 - 35	36 - 45	46-55	56 and over
	<input type="checkbox"/>				

Prefer not to say

I would describe my ethnic origin as:

(please note this question does not refer to your nationality/country of origin)

Prefer not to say

White:

English	<input type="checkbox"/>
Other British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other white background (please describe):	<input type="checkbox"/>

<p>Black or Black British:</p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Other Black background (please describe): <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p>Asian or Asian British:</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Other Asian background (please describe): <input type="checkbox"/></p>																
<p>Mixed/Multiple Ethnic Groups:</p> <p>Asian and White <input type="checkbox"/></p> <p>Black African and White <input type="checkbox"/></p> <p>Black Caribbean and White <input type="checkbox"/></p> <p>Other mixed background (please describe): <input type="checkbox"/></p>	<p>Other ethnic group:</p> <p>Arab <input type="checkbox"/></p> <p>Gypsy <input type="checkbox"/></p> <p>Irish Traveller <input type="checkbox"/></p> <p>Romany <input type="checkbox"/></p> <p>Other ethnic group, (please describe): <input type="checkbox"/></p>																
<p>What is your religion or belief?</p> <table border="0"> <tbody> <tr> <td>Atheist</td> <td>Christian</td> <td>Buddhist</td> <td>Hindu</td> <td>Jewish</td> <td>Muslim</td> <td>Sikh</td> </tr> <tr> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Other religion or belief <input type="checkbox"/> <i>Please describe:</i></p> <p>Prefer not to say <input type="checkbox"/></p>		Atheist	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	<input type="checkbox"/>								
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<p>What is your sexual orientation?</p> <table border="0"> <tbody> <tr> <td>Heterosexual</td> <td>Bisexual</td> <td>Gay man</td> <td>Lesbian</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Prefer not to say <input type="checkbox"/></p>		Heterosexual	Bisexual	Gay man	Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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<p>Do you consider yourself to be disabled? If so, what type pf disability you have:</p> <table border="0"> <tbody> <tr> <td>Communication</td> <td><input type="checkbox"/></td> <td>Hearing</td> <td><input type="checkbox"/></td> <td>Learning</td> <td><input type="checkbox"/></td> <td>Mental Health</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mobility</td> <td><input type="checkbox"/></td> <td>Physical</td> <td><input type="checkbox"/></td> <td>Visual</td> <td><input type="checkbox"/></td> <td>Other</td> <td></td> </tr> </tbody> </table> <p>Prefer not to say <input type="checkbox"/></p>		Communication	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Other	
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