We are covered by the Equality Act 2010. This legislation builds on previous acts of parliament which were designed to advance equality of opportunity for all. The Equality Act has identified nine characteristics about people which it protects in law from unfair treatment. Every person has one or more of these characteristics, which are as follows:

* age
* sex
* race
* disability
* sexuality
* religion or belief
* marital or civil partnership status
* gender reassignment
* pregnancy or maternity

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

**Gender** Male  Female 

If you prefer to use your own gender identity, please add:

Is the gender you identify with the same as your gender registered at birth?

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please add:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please add:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say 

Any other Mixed or Multiple ethnic background, please add:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please add:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your work?

Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please add:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say 

If other religion or belief, please add: