

**Diversity Monitoring Form**

The College is committed to promoting equality, diversity and inclusion and providing a culture which actively values difference, recognising that people from a variety of backgrounds and experiences can bring valuable insights to the workplace and enhance the way we work and operate.

We are committed to provide equal opportunities for all and ensure that employees are treated equally, without discrimination on the grounds of gender, sexual orientation, marital or civil partner status, gender reassignment, race, colour, nationality, ethnic or national origin, religion or belief, disability or age.

This form is intended to help us maintain equal opportunities best practice and identify barriers to workforce equality and diversity.

In line with UK legislation and good practice guidelines, we are asking all applicants to complete this document. You are not obliged to provide any of the information in this section, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be recorded electronically, with your other data, in accordance with the Data Protection Act 2018, but used only for monitoring our business practices. It will not be made available to anyone involved in assessing or and/or interviewing candidates.

**All questions are optional. You are not obliged to answer any of these questions but the more information you supply, the more effective our monitoring will be.**

**This form is anonymous and all information supplied will be treated in the strictest confidence.**

Thank you for your assistance.

**Gender**

What is your gender (please tick)? (If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Non- Binary |  |
| Female |  | Gender neutral |  |
| Intersex |  | Prefer not to say |  |

If you prefer to use a different term, please specify here ……………………………………

**Gender identity**

Do you identify as transgender/transsexual?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**Marital status**

Are you married or in civil partnership?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Prefer not to say |  |

**Age**

What is your age (please tick)?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16–17 |  | 18–21 |  | 22–30 |  | 31–40 |  | 41–50 |  |
| 51–60 |  | 61–65 |  | 66–70 |  | 71+ |  | Prefer not to say |  |

**Sexual orientation**

How would you describe your sexual orientation (please tick)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual / straight |  | Bisexual |  | Asexual |  |
| Gay man |  | Gay woman / lesbian |  | Prefer not to say |  |

If you prefer to use your own term please specify: ………………………………………………………………….

**Ethnic group**

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.

**White**

English Welsh Scottish Northern Irish Irish



British Gypsy or Irish Traveller Prefer not to say



Any other white background, please write in: ……………………………………………………………..

**Mixed/multiple ethnic groups**

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



Any other mixed background, please write in: …………………………………………………………….

**Asian/Asian British**

Indian Pakistani Bangladeshi Chinese Prefer not to say



Any other Asian background, please write in: …………………………………………………………

**Black/ African/ Caribbean/ Black British**

African Caribbean Prefer not to say



Any other Black/African/Caribbean background, please write in: …………………………….

**Middle Eastern or Middle Eastern British**

Arab Other Middle Eastern Prefer not to say



Any other ethnic group, please write in: ………………………………………………………………

**What is your religion or belief?**

No religion or belief Buddhism Christianity Hinduism Judaism



Islam Sikhism Prefer not to say



If other religion or belief, please specify ……………………………………………………………………………….

**Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |
| Used to have a disability but have now recovered |  | Don't know |  |
| Prefer not to say |  |  | |

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.