**Equality Monitoring Form Private and Confidential**

**(Completion of this form is voluntary and the contents will remain anonymous)**

We ask you to please complete the following questionnaire to help us ensure that we are reaching all sections of the community, and to check the effectiveness of our recruitment practices.

All information will be treated in the strictest confidence, in line with requirement of the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR), and will not affect your application.

|  |  |
| --- | --- |
| **Where did you see this post advertised:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Age** | | | | |
| **Please tick the band for your age:** | 16–24 |  | 25–34 |  |
| 35–44 |  | 45–54 |  |
| 55–65 |  | 65+ |  |
| Prefer not to say |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Gender | | | | | | | |
| Female |  | Male |  | Intersex |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you consider yourself to be a trans person? | | | | | |
| Yes |  | No |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sexual orientation | | | |
| **What is your sexual orientation?** | | | |
| Bisexual |  | Gay man |  |
| Heterosexual/straight |  | Lesbian/ gay woman |  |
| Other |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Belief or Religion | | | | | |
| **Please tick the box which best describes your belief or religion.** | | | | | |
| Catholic: |  | Protestant: |  | Other Christian: |  |
| Hinduism: |  | Islam: |  | Judaism: |  |
| Sikhism: |  | Buddhism: |  |  |  |
| Other religion  (please state what this is): | | |  | | |
| No specific belief in religion (for example, atheism or agnosticism): | | | | |  |
| Other belief (for example, humanism): | | | | |  |
| Prefer not to say | | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Disability | | | | |
| Are you a disabled person? | Yes |  | No |  |
| Please specify the nature of your impairment. | | | |  |
| Prefer not to say | | | |  |