Ref No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equality and Diversity Monitoring Form

Partners for Inclusion requires all its Manager, Members and other Employees to operate its policy of equal opportunity and not to discriminate against any person because of sex, race, colour, national or ethnic origin, disability or age.

We must stress that any information you give will be treated as strictly confidential. You are not obliged to answer any of the questions, but you will appreciate that, for our monitoring policy to be wholly effective, we should hope to have 100% response. If you do not wish to answer any question(s), this will not affect your application in any way. Thank you for your time and co-operation in completing our form.

**Gender: Are you married or in a civil partnership**

Male 🞏 Yes 🞏

Female 🞏 No 🞏

Prefer not to say 🞏 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

***White***

English 🞏 Welsh 🞏 Scottish 🞏 Northern Irish 🞏 Irish 🞏

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

***Mixed/multiple ethnic groups***

White & Black Caribbean 🞏 White & Black African 🞏 White & 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***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 ability to give your best at work? Please write 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 you sexual orientation?**

Heterosexual 🞏 Gay woman 🞏 Gay man 🞏 Bisexual 🞏

Prefer not to say 🞏 if other, please write in 🞏

**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 write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current working pattern?**

Full-time 🞏 Part-time 🞏 Prefer not to say 🞏

**Where did you see our Advertisement?**

Local Press ❑

PFI Website ❑

Job Centre ❑

Word of Mouth ❑

Other (Please Specify ❑

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