

## Equality and Diversity Monitoring Form

The General Chiropractic Council is committed to creating an inclusive environment for all, and actively works to identify and remove barriers in our practices. We wish to ensure that individuals are selected, promoted, and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged or receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation.

Completing this monitoring form will help us achieve this and help us meet our obligations under the Equality Act 2010. We would like to use your data to compile statistics on the representation amongst our workforce of the categories listed.

Completion of this form is optional. Any responses you give will assist us in our commitment to equality, diversity and inclusion. All responses are treated as strictly confidential and will not be used in any decisions affecting you.

This form is also available in Welsh.

### 1. Age

16-24

45-54

25-34

55-64

35-44

65+

Prefer not to say

### 2. Are you

Male

Female

Prefer not to say

Prefer to self-describe as

### 3. Gender identity

Is your gender identity the same as the sex you were assigned at birth?

Yes

No

Prefer not to say

### 4. Sexual orientation

Gay woman/lesbian

Gay man

Heterosexual/straight

Bi

Prefer not to say

I prefer to self-describe as

**5. Religion/belief**

|           |                    |
|-----------|--------------------|
| Baha'i    | Jewish             |
| Buddhist  | Muslim             |
| Christian | Sikh               |
| Hindu     | No religion/belief |
| Jain      | Prefer not to say  |
| Other     | please state       |

**6. Disability**

Do you have a disability as defined by the Equality Act 2010? ie. A physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities.

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

**6a. If you have answered Yes to question 6, describe the nature of your disability.**

**7. Ethnic origin**

**Arab or Arab British**

Arab

**Black or Black British**

African

Caribbean

**Prefer not to say**

**Other ethnic group**

**Asian or Asian British**

Bangladeshi

Chinese

Indian

Pakistani

**Mixed ethnic origin**

Asian and White

Black African and White

Black Caribbean and White

**White or White British**

English

Gypsy/Irish Traveller

Irish

Northern Irish

Scottish

Welsh

Other White

**8. For GCC recruitment applications only (employee and committee)**

Please indicate the print or online source where you saw the position advertised.

**Thank you for completing this form**

All information will be treated in confidence and in line with the relevant data protection legislation. The information will be stored securely and only used for monitoring purposes, including publication in any monitoring reports.

**GCC version control**

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