**Annex B**

**Equality and Diversity Monitoring Form**

The intention of monitoring and analysis is to establish if there are different success rates between genders, people of different sexual orientation, ages, different ethnic backgrounds or faiths, and people with disabilities. If there are differences in success rates it will enable action to be taken to ensure that no group is treated unfairly. Your answers will be treated confidentially and will not affect your application in any way.

|  |  |
| --- | --- |
| Title | Mr / Mrs / Ms / Ms / Miss / Dr / Other (*please specify*) |
| Surname |  |
| First name |  |
| Age | 16-24  25-34  35-44  45-54  55-64  65+ |
| Sex | Male  Female  Prefer not to say  Other  Please specify: |
| Gender identity | Is your gender identity the same as the sex you were assigned at birth?  Yes  No  Don’t ‘know  Prefer not to say  Other. *Please specify if you wish*: ……………………….. |

1. **Personal Details:**
2. **Ethnic origin:** *Please tick against one of the following*

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  *Please specify below if you wish.......*  ........................................................... |  | **Mixed**  Black and White Caribbean  Black and White African  Asian and White  Any other mixed background  *Please specify below if you wish.......*  ........................................................ |  |
| **Black or Black British**  African  Caribbean  Any other Black background  *Please specify below if you wish*.......  ........................................................... |  | **White**  British  English  Irish  Scottish  Welsh  Any other White background  *Please specify below if you wish.......*  ........................................................ |  |
| **Chinese or Other ethnic group**  Chinese  Any other  *Please specify below if you wish.......* |  | **Prefer not to say** |  |

1. **Disability:** *Please tick against one of the following*

Disability is defined by the Equality Act (2010) as:  
“A physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities.”

**Yes**  **No**  **Prefer not to say**

**If you answered ‘Yes’, please describe the nature of your disability:**

*This information is provided for monitoring purposes only – if you need any reasonable adjustments you should arrange these separately.*

|  |  |  |  |
| --- | --- | --- | --- |
| No religion or belief  Baha’i  Buddhist  Christian  Hindu  Jain |  | Jewish  Muslim  Sikh  Other  *Please specify below if you wish*…………………………  ...………………………………  Prefer not to say |  |

1. **Religion or belief:** *Please tick against one of the following*
2. **Sexual orientation:** *Please tick against one of the following*

|  |  |  |  |
| --- | --- | --- | --- |
| Lesbian (incl gay woman)  Bisexual  Prefer not to say |  | Gay Man  Heterosexual  Other (please specify)  …………………………………..  …...……………………………… |  |

**Please indicate the print or online source where you saw this position advertised:**

**………………………..……………………………………………………..……………………………**

**Thank you for completing this form**