**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 IndianPakistaniAny other Asian background *Please specify below if you wish.......*........................................................... | [ ] [ ] [ ] [ ] [ ]  | **Mixed** Black and White CaribbeanBlack and White AfricanAsian and White Any other mixed background*Please specify below if you wish.......*........................................................ |  [ ]  [ ]  [ ]   [ ]  |
| **Black or Black British**African CaribbeanAny other Black background*Please specify below if you wish*.................................................................. | [ ] [ ] [ ]  | **White**BritishEnglishIrishScottishWelshAny other White background*Please specify below if you wish.......*........................................................ | [ ] [ ] [ ] [ ] [ ] [ ]  |
| **Chinese or Other ethnic group**ChineseAny 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 beliefBaha’iBuddhistChristianHinduJain | [ ] [ ] [ ] [ ] [ ] [ ]  | 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 HeterosexualOther (please specify)…………………………………..…...………………………………  | [ ] [ ] [ ]  |

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

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

**Thank you for completing this form**