



Evidence of Practice Questionnaire Diversity Monitoring Form

The General Chiropractic Council is committed to promoting and developing equality and diversity in all our work. We want to be as sure as we can that our policies and ways of working are fair and do not discriminate against individuals or groups. To help us monitor the effectiveness of our policies and practices we ask you to complete this diversity questionnaire. This information will be treated in the strictest confidence under the Data Protection Act 1998. Through this we can check a variety of processes to ensure equality and address issues as they arise. This form will be detached and securely held away from the rest of your application.

What is your gender?

Male

Female

Which of the following age brackets do you fall into?

Under 24

25-34

35-44

45-54

55-64

65+

Prefer not to say

What is your ethnicity?

White – English/Welsh/Scottish/Northern Irish/British

- | | | |
|---|--------------------------|---|
| White – Irish | <input type="checkbox"/> | |
| White – Gypsy or Irish Traveller | <input type="checkbox"/> | |
| White – other (<i>please specify</i>) | <input type="checkbox"/> | Click here to enter text. |
| Mixed/Multiple ethnic groups – White and Black Caribbean | <input type="checkbox"/> | |
| Mixed/Multiple ethnic groups- White and Black African | <input type="checkbox"/> | |
| Mixed/Multiple ethnic groups – White and Asian | <input type="checkbox"/> | |
| Mixed/Multiple ethnic groups – other (<i>please specify</i>) | <input type="checkbox"/> | Click here to enter text. |
| Asian / Asian British – Indian | <input type="checkbox"/> | |
| Asian / Asian British – Pakistani | <input type="checkbox"/> | |
| Asian / Asian British - Bangladeshi | <input type="checkbox"/> | |
| Asian / Asian British - Chinese | <input type="checkbox"/> | |
| Asian / Asian British – other (<i>please specify</i>) | <input type="checkbox"/> | Click here to enter text. |
| Black/African/Caribbean/Black British - African | <input type="checkbox"/> | |
| Black/African/Caribbean/Black British - Caribbean | <input type="checkbox"/> | |
| Black/African/Caribbean/Black British – other (<i>please specify</i>) | <input type="checkbox"/> | Click here to enter text. |
| Other – Arab | <input type="checkbox"/> | |
| Any other ethnic group (Please specify) | <input type="checkbox"/> | Click here to enter text. |
| Prefer not to say | <input type="checkbox"/> | |

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Other (Please specify) [Click here to enter text.](#)

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the definition in the Equality Act?

- Yes
- No
- Prefer not to say

Which of the following best describes your sexual orientation?

- Bisexual
- Gay man
- Gay woman or lesbian
- Heterosexual or straight
- Prefer not to say
- Other