Equality and Diversity Monitoring Form

Healthwatch Bucks wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes.

If you have any questions about the form contact [zoe@healthwatchbucks.co.uk](mailto:zoe@healthwatchbucks.co.uk)

Please return the completed form to [belinda@healthwatchbucks.co.uk](mailto:belinda@healthwatchbucks.co.uk)

**Position Applied for**

|  |
| --- |
|  |

**Gender**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Female |  | Male |  | Intersex |  | Non-Binary |
|  | Prefer not to say | | | | | | |

If you prefer to use your own gender identity, please write in:

|  |
| --- |
|  |

Is the gender you identify with the same as your gender registered at birth?

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

**Age**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 18 to 25 years |  | 26 to 35 years |  | 36 to 45 years |  | 46 to 55 years |
|  | 56 to 65 years |  | 66 and over |  | 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.

**Asian or Asian British**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Bangladeshi |  | Chinese |  | | Indian |  | Pakistani |
| Any other Asian background: | | | | |  | | | |

**Black, African, Caribbean or Black British**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | African |  | Caribbean | |
| Any other Black, African or Caribbean background: | | | |  |

**Mixed or Multiple ethnic groups**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Asian and White |  | Black African and White | |
|  | Black Caribbean and White | | | |
| Any other Mixed or Multiple ethnic background: | | | |  |

**White**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | British |  | English |  | Welsh |  | Scottish |
|  | Northern Irish |  | Irish |  | Gypsy, Traveller, or Irish Traveller | | |
| Any other White background: | | | |  | | | |

**Other ethnic groups**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Arab | Any other ethnic group: |  |

|  |  |
| --- | --- |
|  | Prefer not to say |

**Do you consider yourself to have a disability or long-term health condition?**

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

**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 your sexual orientation?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Heterosexual |  | Gay |  | Lesbian |  | Bisexual |
|  | Asexual |  | Pansexual |  | Undecided |  | Prefer not to say |

If you prefer to use your own identity, please write in:

|  |
| --- |
|  |

**What is your religion or belief?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Buddhist |  | Christian |  | Hindu |  | Jewish |
|  | Muslim |  | Sikh |  | No religion |  | Prefer not to say |

If other religion or belief, please write in:

|  |
| --- |
|  |

**Do you consider yourself to be a carer?**

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

**How would you describe your marital or partnership status?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Single |  | Cohabiting |  | Civil partnership |
|  | Married |  | Separated |  | Divorced / Dissolved civil partnership |
|  | Widowed |  | Prefer not to say | | |

**How would you describe your pregnancy or maternity status?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Currently pregnant |  | Currently breastfeeding |
|  | Given birth in the last 26 weeks |  | Not applicable |
|  | Prefer not to say | | |