

Equal Opportunities Form

The information provided on this form will not be available outside of HR and will be used for equality and diversity monitoring purposes only. Where information is reported on this will be in a quantitative format only and date will be aggregated to enusre anonymity.

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname  |  | Title (eg Ms) |  |
| First name(s) |  |

Equal Opportunities Monitoring Form

|  |  |  |  |
| --- | --- | --- | --- |
| **D.O.B** | Click or tap to enter a date. | **Gender** |  [ ]  Male [ ]  Female[ ]  Other [ ]  Prefer not x to say  |
|  | **If other please specify** |  |
| **Is your gender identity the same as the gender you were assigned at birth?** |  [ ]  Yes [ ]  No [ ]  Prefer not to say |

**Ethnic Origin**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Asian or Asian British / Bangladeshi** |  | **Mixed –** **White and Asian** |  | **Other Ethnic Background** |  |
| **Asian or Asian British / Indian** |  | **Mixed – White and Black African** |  | **White – British** |  |
| **Asian or Asian British / Pakistani** |  | **Mixed – White and Black Caribbean** |  | **White – Irish** |  |
| **Black or Black British / African** |  | **Other Mixed Background** |  | **Other White Background** |  |
| **Black or Black British/ Caribbean** |  | **Chinese** |  | **Arab** |  |
| **Other Black Background** |  | **Other Asian Background** |  | **Unknown/Other Please State** |  |

|  |  |
| --- | --- |
| **Please State Nationality**  |  |

**Marital or Civil Partnership Status**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Marriage** | [ ]  | **Civil Partnership** | [ ]  | **Divorced** | [ ]  |
| **Widowed**  | [ ]  | **Separated** | [ ]  | **Single** | [ ]  |
| **Partner** | [ ]  | **Prefer not to say** | [ ]  |

**Sexual Orientation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Heterosexual** | [ ]  | **Gay Woman (Lesbian)** | [ ]  | **Gay Man** | [ ]  |
| **Bisexual** | [ ]  | **Other** | [ ]  | **Prefer not to say** | [ ]  |
| **If other please state** |  |

**Religion or Belief:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No religion**  | [ ]  | **Jewish**  | [ ]  | **Jain** | [ ]  |
| **Bahai**  | [ ]  | **Hindu** | [ ]  | **Spiritual**  | [ ]  |
| **Buddhist** | [ ]  | **Sikh** | [ ]  | **Other** | [ ]  |
| **Christian** | [ ]  | **Muslim** | [ ]  | **Prefer not to say** | [ ]  |
| **If other please state**  |  |

**Disability**

Under the Equality Act 2010, a disability is defined as a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on a person’s ability to do normal activities day to day.

|  |  |
| --- | --- |
| **Do you consider yourself to have a disability, impairment, health condition or learning difference?** |  [ ]  Yes [ ]  No |
| If yes, please specify |  |