# 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 |  |
| Surname: |  |
| First name: |  |
| Age: |  |
| Gender: |  |
| Gender Identity (if appropriate) | If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with?  Transsexual  Transgender  Intersex |

### **Personal Details:**

### **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**  **Any other**  Please specify below if you wish.......  ........................................................... |  | Prefer not to say |  |

### **Disability: Please tick one of the following:**

Do you consider yourself to have a disability under the Equality Act 2010?

In the Act, a person has a disability if:

* they have a physical or mental impairment
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purposes of the Act, these words have the following meanings

* 'substantial' means more than minor or trivial
* 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
* 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Yes No  Prefer not to say

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  Baha’i  Buddhist  Christian  Hindu  Jain |  | Jewish  Muslim  Sikh  Other  Please specify below if you wish…………………………..………………………………  Prefer not to say |  |

**Religion or belief: Please tick one of the following:**

### **Sexual Orientation: Please tick against one of the following**

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual  Gay Woman/Lesbian  Prefer not to say |  | Gay Man/Homosexual  Heterosexual/straight |  |

**Thank you for completing this form**