Equality, Diversity & Inclusion Monitoring Form

The Equality & Diversity Monitoring form is an optional part of the application process, we use it to monitor the effectiveness of our Equality, Diversity and Inclusion policy and does not form part of the selection process.

## Name Click or tap here to enter text.

## Gender

|  |  |
| --- | --- |
|[ ]  Woman (including trans woman) |  |
|[ ]  Man (including trans man) |  |
|[ ]  Non-binary |  |
|[ ]  I prefer to self-describe  |  |
|[ ]  Prefer not to say |  |

## Does the gender you live in match the gender you were assigned at birth?

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

## Which of the following best describe your ethnic group?

|  |
| --- |
|[ ]  White - British |
|[ ]  White - Other |
|[ ]  Mixed – White and black Caribbean  |
|[ ]  Mixed – White and black African |
|[ ]  Mixed – White and Asian |
|[ ]  Mixed – Other |
|[ ]  Asian or Asian British – Indian |
|[ ]  Asian or Asian British – Pakistani |
|[ ]  Asian or Asian British – Bangladeshi |
|[ ]  Asian or Asian British – Chinese |
|[ ]  Asian or Asian British – Other |
|[ ]  Black or black British – Caribbean |
|[ ]  Black or black British – African |
|[ ]  Black or black British – Other |
|[ ]  Arab |
|[ ]  Jewish |
|[ ]  Any other ethnic group |
|[ ]  I would prefer not to say |

## Do you consider yourself to have a specific learning disability, other disability, impairment or long-term health condition?

|  |
| --- |
|[ ]  Yes |
|[ ]  No |
|[ ]  Don’t know |
|[ ]  Prefer not to say |

## Please describe your disability, impairment or long-term health condition.

Please select all that apply

|  |
| --- |
|[ ]  Physical impairment, such as using a wheelchair to get around and/or mobility difficulties |
|[ ]  Blind or partially sighted |
|[ ]  Deaf or hard of hearing |
|[ ]  Mental health difficulties, such as depression or schizophrenia |
|[ ]  Learning difficulty (such as dyslexia, dyspraxia) |
|[ ]  Profound and/or multiple learning difficulties |
|[ ]  Autistic Spectrum Disorder |
|[ ]  An unseen disability or health condition e.g. diabetes, epilepsy, asthma, HIV |
|[ ]  A disability not listed above |
|[ ]  Prefer not to say |
|[ ]  No known disability, impairment, or long-term health condition |

## Did you receive free school meals at any point during your secondary school years?

|  |
| --- |
|[ ]  Yes |
|[ ]  No |
|[ ]  Don’t know |
|[ ]  Prefer not to say |

## Has anyone in your family, not including you, been to university?

|  |
| --- |
|[ ]  Yes, someone in my family has attended university |
|[ ]  No, no one in my family has attended university |
|[ ]  Don’t know |
|[ ]  Prefer not to say |

## Have you ever been in (or are you still in) local authority care?

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