**EQUALITY AND DIVERSITY MONITORING FORM**

1. Please state the role that you are applying for

|  |
| --- |
|  |

1. Please select your ethnicity from the list below or select prefer not to say:

|  |  |
| --- | --- |
| White British |  |
| White Irish |   |
| Gypsy or Irish Traveller |   |
| Any other White background |  |
| White & Black Caribbean |   |
| White & Black African |   |
| White & Asian |   |
| Any other Mixed background |   |
| Indian |   |
| Pakistani |   |
| Banglasdeshi |   |
| Chinese |   |
| Any other Asian background |   |
| Black African |   |
| Black Caribbean |   |
| Any other Black background |   |
| Arab |   |
| Latin American |   |
| Any other ethnic group |   |
| Prefer not to say |   |

1. Please indicate if you identify as D/deaf or disabled or have any long term illnesses, disabilities or impairments, or select prefer not to say;

|  |  |
| --- | --- |
| D/deaf |  |
| Visually impaired or blind |  |
| Neuro-diverse condition eg dyslexia, ADHD, Tourettes |  |
| Long term health condition |  |
| Non-Disabled |  |
| Prefer not to say |  |

1. Please select your gender identity from the list provided below or select prefer not to say

|  |  |
| --- | --- |
| Female (including trans woman) |   |
| Male (including trans man) |   |
| Non-Binary (e.g. androgyne) |   |
| Prefer not to say |   |

1. Please select your sexual orientation from the list provided below or select prefer not to say

|  |  |
| --- | --- |
| Bisexual |   |
| Gay Man |   |
| Gay Woman / Lesbian |   |
| Heterosexual / Straight |   |
| Queer |   |
| Prefer not to say |   |

1. Are there any other comments you would like to add: