**Diversity Monitoring Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Role: | Director for Education & Buckinghamshire County Council | Early | Help, |
| Reference Number: | BCC 1043 | | |
| Your full name: |  | | |
|  |  | | |
| Where/how did you first  learn about the role? |

**We are committed to employing a workforce that reflects the community we serve. Please help us to monitor our progress by completing the details below. Your information will be treated confidentially.**

**Gender**

What is your gender?

Male Female Prefer not to say

**Pregnancy and Maternity**

A woman is protected under section 18 of the Equality Act 2010 and cannot be treated unfavourably because of her pregnancy

If you are a woman, are you pregnant, on maternity leave or returning from maternity leave?

Yes No Prefer not to say

**Disability**

The Equality Act 2010 says that a disabled person is someone with a physical or mental impairment, which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities.

Examples include cancer, diabetes, multiple sclerosis, heart conditions, hearing or sight impairments, or a significant mobility difficulty and mental health conditions or learning difficulties.

In relation to the definition above, do you consider yourself to be disabled? Yes No Prefer not to say

**Age range**

18-24 25-34 35-44 45-54 55-64 65+ Prefer not to

say

## Religion or belief

Please tick the box from the list below which best describes your religion or belief:

Christian Hindu Jewish

Muslim Sikh Buddhist

No Religion Prefer not to say

Any other religion, please specify:

**Gender Reassignment**

The Equality Act 2010 defines a transsexual person as someone who *“is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex”.*

In relation to the definition above, do you consider yourself to be transsexual?

Yes No Prefer not to say

**Ethnic Origin**

Please tick the box from the list below which best describes the ethnic group to which you belong:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** | | **Black** | | **Asian** | |
| British |  | British |  | British |  |
| English |  | African |  | Indian |  |
| Scottish |  | Caribbean |  | Pakistani |  |
| Welsh |  | Any other Black  background, please specify: | | Bangladeshi |  |
| Irish |  | Any other Asian  background, please specify: | |
| Northern Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background, please specify: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mixed** | | **Other ethnic group** | | Prefer not to say |  |
| White and Black African |  | Chinese |  |
| White and Black Caribbean |  | Arab |  |
| White and Asian |  | Any other ethnic group, please specify: | |
| Any other Mixed background, please specify: | |

**Sexual orientation**

Please tick the box from the list below which best describes your sexual orientation:

Gay man Gay

Woman/Lesbian

Heterosexual/Straight

Bisexual Prefer not to say Other

***Thank you for taking the time to complete this form.***