**Diversity Monitoring Form**

|  |  |
| --- | --- |
| Role: (Delete as appropriate) | Chief Executive |
| Reference Number:  | TR1056 |
| 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.***