****Diversity and Monitoring:****

**It is vital that we monitor and analyse diversity information so that we can ensure our processes are fair, transparent and promote equality of opportunity. Any information provided on this form will be treated as strictly confidential and used for statistical purposes only.**

1. ****Which category best describes your ethnicity?****

[ ]  I prefer not to say

****Asian / Asian British:****

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Indian

[ ]  Pakistani

[ ]  Any other Asian/Asian British background

**White:**

[ ]  English/Welsh/Scottish/Northern Irish/British

[ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Roma

[ ]  Any other white background

**Black / Black British:**

[ ]  African

[ ]  Caribbean

[ ]  Any other Black/Black British background

**Mixed / Multiple Ethnicity:**

[ ]  White and Black African

[ ]  White and Black Caribbean

[ ]  White and Asian

[ ]  Any other mixed/multiple ethnicity

**Other Ethnic Group:**

[ ]  Arab

[ ]  Any other ethnic group

1. ****Which category best describes your religion or belief?****

[ ]  **Buddhist**

[ ]  **Christian**

[ ]  **Hindu**

[ ]  **Jewish**

[ ]  **Muslim**

[ ]  **Sikh**

[ ]  **Other**

[ ]  **No religion or atheist**

[ ]  **I prefer not to say**

1. ****Please tick the age band you fall into:****

[ ]  **66+**

[ ]  **56-65**

[ ]  **46-55**

[ ]  **36-45**

[ ]  **26-35**

[ ]  **18-25**

[ ]  **I prefer not to say**

1. ****What is your gender identity?****

[ ]  **Male**

[ ]  **Female**

[ ]  **Non-binary**

[ ]  **I prefer to self-describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **I prefer not to say**

1. ****What is your sexual orientation?****

[ ]  **Bisexual**

[ ]  **Gay man**

[ ]  **Gay woman / Lesbian**

[ ]  **Heterosexual / Straight**

[ ]  **I prefer to self-describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **I prefer not to say**

1. ****Are you currently employed?****

[ ]  Yes

[ ]  No

[ ]  I prefer not to say

1. ****Do you consider yourself to have a physical or mental disability or impairment that reduces (or would without treatment) your ability to carry out one or more day to day activities?****

[ ]  Yes

[ ]  No

[ ]  I prefer not to say