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Description automatically generated

**Equal Opportunities Monitoring Form**

HLSI is committed to ensuring access for all to our services.

In order to achieve this, HLSI undertakes to ensure that all job applicants, employees and participants are treated equally and encouraged to develop and maximise their true potential irrespective of their background.

The questionnaire is not obligatory but, by completing it, you will help us monitor the effectiveness of our equal opportunities policies.

The following sources were used to create these categories: the Office for National Statistics for ethnicity categories; the recognized social model for disability categories; and best practice guidance published by Stonewall for sexuality categories.

***The information provided will be detached from your application prior to the selection process and used for monitoring purposes only.***

Position applied for :  Where did you see the position advertised?

**Gender**

☐Male ☐Female

☐Non-binary ☐Other (Please specify)

☐Prefer not to say

**Is this the gender which you were assigned at birth?**

☐ Yes ☐No

☐Prefer not to say

If you are undergoing gender reassignment, use the gender identity you intend to acquire

**Age**

☐ 0-19 years ☐ 20-34 years

☐ 35-49 years ☐ 50-64 years

☐ 65+ years ☐ Prefer not to say

**Ethnic Origin**

**Asian or Asian British**

☐Bangladeshi ☐Chinese

☐Indian ☐Pakistani

☐Any other Asian background

**Black or black British**

☐African ☐Caribbean

☐Any other Black/African/Caribbean background

**Mixed**

☐White and Asian ☐White and Black African

☐White and Black Caribbean ☐Any other Mixed/Multiple ethnic background (Please specify)

**White**

☐English/ Welsh/ Scottish/ Northern Irish/ British ☐Gypsy or Irish Traveller

☐Irish ☐Any other white background (Please specify)

**Other ethnic groups/Prefer not to say**

☐Arab ☐Other ethnic group (Please specify)

☐Prefer not to say

**Disability**

The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities. Long term means 12 months or more.

**Do you consider yourself to have a disability as defined in the Equality Act 2010**

☐Yes ☐ Do not know.

☐No

**If yes, please specify**

☐Cognitive or learning difficulties ☐Hearing impairment/Deaf

☐Invisible disabilities ☐Mental health condition

☐Physical disabilities ☐Visual impairment

☐Other long term/chronic condition ☐Prefer not to say

(Please specify)

**If invited for interview, would you require us to make any reasonable adjustments?**

☐Yes (Please specify)

☐No

**Sexuality**

☐Bisexual ☐Gay Man

☐Gay Woman/Lesbian ☐Heterosexual/Straight

☐Other (Please specify ☐Prefer not to say

**Caring Responsibilities**

If you have children under 17 in your household, would you say that you, or someone else, takes main responsibility for providing/organising childcare?

☐Me ☐Someone else

☐No children / not applicable ☐Shared Equally

**Religion or Belief**

How would you describe your religion or other strongly-held belief?

|  |  |
| --- | --- |
| I would describe my religion or belief as: | **…………………………………….** |
| I have no particular religion or belief |  |
| Prefer not to say |  |

**Thank you for completing this form.**