

Equality and Diversity monitoring form

STRICTLY CONFIDENTIAL

Accommodation Concern wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

Please return the completed form in the envelope marked 'Strictly confidential' to **Jo Moore, CEO, Accommodation Concern, 1 Meadow Road, Kettering NN16 8TL**

Gender Man Woman Intersex Non-binary Prefer not to say
 If you prefer to use your own term, please specify here

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65+ Prefer not to say

What is your sexual orientation?

Heterosexual Gay Lesbian Bisexual
 Prefer not to say

If you prefer to use your own term, please specify here

What is your religion or belief?

No religion or belief Prefer not to say Buddhist
 Christian Hindu Jewish
 Muslim Sikh

If other religion or belief, please write in:

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
Prefer not to say

Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say

Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

What is your current working pattern?

Full-time Part-time Not working Prefer not to say

Do you have caring responsibilities? If yes, please tick all that apply

- None
- Primary carer of a child/children (under 18)
- Primary carer of disabled child/children
- Primary carer of disabled adult (18 and over)
- Primary carer of older person
- Secondary carer (another person carries out the main caring role)
- Prefer not to say