

Equality and Diversity Monitoring form

Serious actively welcome and values differences across our workforce and in all aspects of our work. The values of equality, diversity and respect for all are embedded into everything we do. In accordance with the Equality Act 2010 Serious is committed to promoting equality of opportunity, creating an environment which respects and welcomes everyone, and in which no form of bullying, harassment, disrespectful or discriminatory behaviour is tolerated. No applicant or member of staff will be treated less favourably than another because of their race, colour, nationality, ethnic or national origin, religion or belief, disability, trade union membership or non-membership, sex, sexual orientation, gender identity, pregnancy and maternity, gender reassignment, marriage/civil partnership, age, part-time or fixed term status.

To enable us to monitor how far we are meeting our equal opportunities policy; and to consider any changes that may be needed to our provision and practices, we collect and analyse equal opportunities monitoring data on all applicants and staff. The information you supply will be held in strictest confidence. Thank you.

|  |  |
| --- | --- |
| Role Applied for: |  |
| Date of application |  |

|  |  |
| --- | --- |
| Please tick one box in each section below |  |
| **Gender** |  |
| Men |  |
| Women |  |
| Prefer to use own term – please specify |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Age** |  |
| 0-19 |  |
| 20-34 |  |
| 35-49 |  |
| 50-64 |  |
| 65+ |  |
| Unknown |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Do you have an autistic spectrum condition?** |  |
| No |  |
| Yes |  |
| Prefer to use own definition – please specify |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Disability**  The Equality Act 2010 defines disability as: ‘a person has a disability if s/he has a physical or mental impairment which has substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.’ If you consider yourself to be a disabled person, please tick all of the following options that describes your disability | |
| Non-disabled |  |
| Visual impairment |  |
| Hearing impairment/Deaf |  |
| Physical disabilities |  |
| Cognitive or learning disabilities |  |
| Mental health condition |  |
| Other long-term/chronic conditions |  |
| Unknown |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Ethnicity (race and cultural background)**  From the list that follows, please indicate how you prefer to describe your ethnicity. | |
| English/Welsh/Scottish/ Northern Irish/British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White background |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other Mixed/Multiple ethnic background |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| African |  |
| Caribbean |  |
| Any other Black/African/Caribbean background |  |
| Arab |  |
| Any other ethnic group |  |
| Not known |  |
| Prefer not to say |  |