**Equality and Diversity Monitoring Form**

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| Women’s Pioneer Housing is committed to recruiting, developing and retaining a workforce that reflects at all grades the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair, transparent, promote equality of opportunity for all staff, and do not have an adverse impact on any particular group. Your cooperation in providing us with accurate data will ensure that we meet our legal obligations, but even more importantly will result in us designing and applying policies and processes that will attract and attain a diverse, talented and motivated workforce. Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified. |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | **Sex** |  | | Male  Female |
| **Are you married or in a civil partnership?** | Yes  No |

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

**How would you describe your national identity?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| English |  | Welsh |  | Scottish | Northern Irish |  | British |  | Other |  |
| Prefer not to say | | |  |  |  |  |  |  |  |  |

**What is your ethnicity?**

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong. Please indicate your ethnic origin by ticking the appropriate box.

***White***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| English |  | Welsh |  | Scottish |  | Northern Irish |  | Irish |  |
| Gypsy or Irish Traveller | | |  | Other White background | | |  |  |  |

***Mixed/multiple ethnic groups***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White and Black Caribbean |  | White and Black African |  | White and Asian |  |
| Any other mixed background |  |

***Asian/Asian British***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indian |  | Pakistani |  | Bangladeshi |  | Chinese |  | Any other Asian background |  |

***Black/African/Caribbean/Black British***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| African |  | Caribbean |  | Any other Black/African/Caribbean background |  |

***Other ethnic group***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Arab |  | Any other ethnic group |  | Prefer not to say |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you consider yourself to be disabled?** | Yes |  | No |  | Prefer not to say |  |

|  |
| --- |
| Any information you provide here will be for monitoring purposes only. If you need ‘reasonable adjustment’, then please contact HR. We will take reasonable steps to meet your particular needs. |

**What is your sexual orientation?**

|  |  |  |  |
| --- | --- | --- | --- |
| Heterosexual/straight |  | Gay woman/lesbian |  |
| Gay man |  | Bisexual |  |
| Other |  | Prefer not to say |  |

**What is your religion or belief?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No religion |  | Buddhist |  | Christian |  |
| Hindu |  | Jewish |  | Muslim |  |
| Sikh |  | Any other religion |  | Prefer not to say |  |

**What is your current working pattern?** *(for existing employees only)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full time |  | Part time |  | Prefer not to say |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Primary carer of a child/children (under 18) |  | Primary carer of disabled child/children |  |
| Primary carer of a disabled adult (18 and over) |  | Primary carer of older person (65+) |  |
| Secondary carer |  | Prefer not to say |  |

|  |
| --- |
| **By completing this form you have helped us better understand how we, as an employer, ensure equality of opportunity for all.**  **Thank you for completing this form.** |

**HLFPCFEB20**