

Equality and Diversity Monitoring Form

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	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Are you married or in a civil partnership?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Age	16-24	<input type="checkbox"/>	25-29	<input type="checkbox"/>	30-34	<input type="checkbox"/>	35-39	<input type="checkbox"/>	40-44	<input type="checkbox"/>		
	45-49	<input type="checkbox"/>	50-54	<input type="checkbox"/>	55-59	<input type="checkbox"/>	60-64	<input type="checkbox"/>	65+	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

How would you describe your national identity?

English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Northern	<input type="checkbox"/>	British	<input type="checkbox"/>	Other	<input type="checkbox"/>
				Irish	<input type="checkbox"/>						
Prefer not to say	<input type="checkbox"/>										

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	<input type="checkbox"/>	Welsh	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Northern	<input type="checkbox"/>	Irish	<input type="checkbox"/>
				Irish	<input type="checkbox"/>				
Gypsy or Irish Traveller	<input type="checkbox"/>	Other White background	<input type="checkbox"/>						

Mixed/multiple ethnic groups

White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>				

Asian/Asian British

Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
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Black/African/Caribbean/Black British

African	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Any other Black/African/Caribbean background	<input type="checkbox"/>
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Other ethnic group

Arab	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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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	<input type="checkbox"/>	Gay woman/lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

What is your religion or belief?

No religion	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Any other religion	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

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

Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
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Do you have caring responsibilities? If yes, please tick all that apply

Primary carer of a child/children (under 18)	<input type="checkbox"/>	Primary carer of disabled child/children	<input type="checkbox"/>
Primary carer of a disabled adult (18 and over)	<input type="checkbox"/>	Primary carer of older person (65+)	<input type="checkbox"/>
Secondary carer	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

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.