Diversity Monitoring Form

We are committed to being an Equal Opportunities Employer. We collect equality monitoring information to assess the effectiveness of our equality and diversity policy and ensure we are recruiting from all areas of our communities.

The information you provide is kept separately from the information used in recruitment decisions. Please be assured that all the information that you provide on this monitoring form will remain anonymous and be treated as confidential. The information will be held a secure server and will be used for statistical purposes only.

**Please note that by returning this monitoring form you are consenting for these details to be held on computer. Feel free to skip any question that you do not wish to answer**.

1. **Please tick in the appropriate box to indicate your cultural background.**
   1. **White**

Scottish  English  Welsh  Northern Irish

Other British  Any other White background:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state)

**b. Mixed:**

Any mixed background\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state)

**c. Asian, Asian Scottish, English, Welsh, Northern Irish or other Asian British:**

Indian  Pakistani Bangladeshi Chinese

Any other Asian Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state)

**d. Black, Black Scottish, English, Welsh, Northern Irish or other Black British:**

Caribbean African

Any other Black background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state)

**e. Other Ethnic Background:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please state)

**f. Prefer not to say**

1. **Gender / Gender Identity**

|  |
| --- |
| Are you Female Male Non Binary  Other \_\_\_\_\_\_\_\_\_\_\_\_ (please state)  Have you ever or do you identify as transgender? Yes No  Prefer not to say |

1. **My sexual orientation is:**

Heterosexual  Lesbian / Gay  Bisexual / Bi  Queer

Other  \_\_\_\_\_\_\_\_\_\_\_\_ (please state)

Prefer not to say

1. **Caring Responsibilities**

Do you have caring responsibilities? Yes  No

If yes please tick all that applies:

Children (under 18)

Disabled Children

Disabled adult (aged 18 and over)

Disabled adult (aged 65 and over)

Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please state)

Prefer not to say

1. **My age band is:**

18-25 26-35  36-45  46-55  56 and over

1. **Do you consider yourself to have a disability, impairment or long-term health condition?**

Yes  No

(If yes, please specify)

|  |
| --- |
|  |

1. **How/where did you find out about this post?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to** [**unionadmin@uws.ac.uk**](mailto:unionadmin@uws.ac.uk)**.**

**Thank you for taking the time to complete this form.**