Completing this form will help The Health Agency monitor equality and diversity statistics. This information is not part of your application and will not be used in any part of the selection process. The information will be stored anonymously and confidentially.

Please do not put your name anywhere on this form.

## **Gender**

#### Which one of the following best describes your gender?

[ ]  Male

[ ]  Female

[ ]  Prefer not to say

[ ]  Prefer to self-describe: Click or tap here to enter text.

## **Gender Identity**

Is your gender identity the same as the sex you were assigned at birth?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

**Sexual Orientation**

Which of the following best describes your sexual orientation?

[ ]  Bisexual [ ]  Heterosexual / Straight

[ ]  Gay man [ ]  Prefer not to say

[ ]  Gay Woman / Lesbian

[ ]  Prefer to self-describe: Click or tap here to enter text.

**Disability**

Do you consider yourself to be disabled?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

## **Age**

[ ] 16-24 [ ]  25-34 [ ]  35-44

[ ]  45-54 [ ]  55-65 [ ]  65+

[ ]  Prefer not to say

**Ethnicity**

Which one of the following best describes your ethnicity:

[ ]  Arab

[ ]  Asian/Asian British: Indian

[ ]  Asian/Asian British: Pakistani

[ ]  Asian/Asian British: Bangladeshi

[ ]  Asian/Asian British: Chinese

[ ]  Other Asian: Click or tap here to enter text.

[ ]  Black/Black British: African

[ ]  Black/Black British: Caribbean

[ ]  Other Black/Black British: Click or tap here to enter text.

[ ]  Mixed: White and Black Caribbean

[ ]  Mixed: White and Black African

[ ]  Mixed: White and Asian

[ ]  Other Mixed:Click or tap here to enter text.

[ ]  White: British

[ ]  White: Irish

[ ]  White: Gypsy or Irish Traveller

[ ]  Other White: Click or tap here to enter text.

[ ]  Any other ethnic group: Click or tap here to enter text.

[ ]  Prefer not to say

**Religion and Belief**

[ ]  Buddhist [ ]  Jewish [ ]  Sikh [ ]  Non-religious

[ ]  Christian [ ]  Muslim [ ]  Hindu [ ]  Prefer not to say

[ ]  Other religion or belief: Click or tap here to enter text.

**Caring Responsibilities**

Do you have any caring responsibilities? (please tick all that apply)

[ ]  None

[ ]  Primary carer of a child or children (under 18 years)

[ ]  Primary carer of a disabled child or children

[ ]  Primary carer or assistant for a disabled adult (18 years and over)

[ ]  Primary carer or assistant for an older person or people (65 years and over)

[ ]  Secondary carer (another person carries out main caring role)

[ ]  Prefer not to say