**Equality Monitoring Form**

Inspire Youth Zone is committed to the principle of equal opportunity in employment and is committed to building an accurate picture of the make-up of the workforce to encourage equality and diversity, and to ensure we reflect the communities in which we work, as closely as possible.

We ask you to complete this form to assist us in monitoring who is applying for employment with us; however, filling in this form is voluntary. This form will be separated from your application on receipt, and will not be seen by the interview panel or used in any way for the purposes of selection.

The information you provide will remain confidential to HR staff, and be stored securely in accordance with the Data Protection Act 1998.

Please click on a box as appropriate (or highlight / delete).

1. **Are you:** Male  Female  Prefer not to say
2. **What is your age group:** 16 to 25  26 to 35  36 to 45  46 to 55

56 to 65  over 65  Prefer not to say

1. **Do you consider yourself to have a disability or health condition?**

Yes  No  Prefer not to say

The Equality Act 2010 considers a person to be disabled if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”. It also covers people who have been diagnosed with HIV, cancer or multiple sclerosis.

If yes, please indicate the type of disability or illness you have. Please tick all those that apply. If none apply, please mark ‘Other’ and give details.

|  |  |
| --- | --- |
| **Physical impairment** such as difficulty using your arms or mobility issues |  |
| **Sensory impairment** such as being blind / having a serious visual impairment |  |
| **Sensory impairment** such as being deaf / having a serious hearing impairment |  |
| **Mental health condition** such as depression or schizophrenia |  |
| **Long-standing illness or health condition** such as cancer, HIV, diabetes, chronic heart disease or epilepsy |  |
| **Learning disability/difficulty** such as Down’s syndrome or dyslexia, or cognitive impairment such as autistic spectrum disorder |  |
| **Other** (please specify) |  |
| **Prefer not to say** |  |

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

None  Primary carer of a child/children (under 18)

Primary carer of a disabled child/children

Primary carer of a disabled adult (18 and over)  Primary carer of an older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

1. **Please indicate which of these groups you consider you belong to:**

**Asian / Asian British**

Bangladeshi  Chinese  Indian  Pakistani

Any other Asian Background (please state)

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

African  Caribbean

Any other Black / African / Caribbean background (please state)

**Mixed / Multiple ethnic groups**

White and Asian  White and Black African  White and Black Caribbean  Any other Mixed / Multiple ethnic background (please state)

**Other ethnic group**

Arab  Other ethnic group (please state)

**Prefer not to say**

**White**

British  English  Welsh  Scottish  Northern Irish  Irish  Gypsy/Roma  Traveller

Any other White background (please state)

1. **What is your religion?**

Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  None

Prefer not to say  Any other religion (please state)

1. Which of the following options best describes how you think of yourself?

Bisexual  Gay man  Gay woman/lesbian  Heterosexual or straight

Unsure  Other  Prefer not to say