**Here at VAL we want to ensure that we are reaching as wide a cross section of the community as possible.**

**The purpose of this form is to help us monitor how well we are doing in attracting and appointing people from our diverse communities. The information will remain confidential to the HR Team and is used for statistical analysis only.**

**As a result of this monitoring we may find that we need to make changes to either the way that we operate or to the services that we offer.**

**You may regard some of the questions as personal and may not wish to answer particular questions, which is why we provide that option on the Form.**

|  |  |
| --- | --- |
| **Post applied for:** |  |
| **Where did you see/hear about this post:** |  |

|  |  |
| --- | --- |
| **GENDER: (Please tick appropriate box)** | |
| Woman |  |
| Man |  |
| Non-Binary |  |
| Prefer not to say |  |
| If you prefer to self- describe, please specify here |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENDER IDENTITY: (if appropriate)**  If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with? | | | | | | | | | | | |
| Transsexual | |  | Transgender | | |  | Intersex | | |  | |
| If you prefer to self-describe, please specify here | | |  | | | | Prefer not to say | | |  | |
| **RELATIONSHIP STATUS: (please tick appropriate box)** | | | | | | | | | | | |
| Married |  | Civil Partnership (including Civil Union) | |  | Single | | |  | In Relationship | |  |
| Prefer not to say |  | If you prefer to self-describe, please specify here | |  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGE: (please tick appropriate box)** | | | | | |
| 16 – 24 years |  | 40 – 44 years |  | 55 – 59 years |  |
| 25 – 29 years |  | 45 – 49 years |  | 60 – 64 years |  |
| 30 – 34 years |  | 50 – 54 years |  | 65 + years |  |
| 35 – 39 years |  | Prefer not to say | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ETHNIC ORIGIN: (please tick appropriate box)** | | | | | |
| **WHITE** | | **ASIAN/ASIAN BRITISH** | | **DUAL HERITAGE** | |
| Gypsy/Traveller |  | Bangladeshi |  | White & Black Caribbean |  |
| Roma |  | Indian |  | White & Black African |  |
| Irish |  | Pakistani |  | White & Asian |  |
| English |  | Chinese |  | Other Dual Heritage |  |
| Scottish |  | Other Asian background |  |
| Welsh |  |
| Northern Irish |  | Arab |  |
| White Other | | Prefer not to say |  |
| **BRITISH/BLACK BRITISH** |  | If you prefer to self-describe, please specify here | |  | |
| African |  |
| Caribbean |  |
| Other Black/African/Caribbean Origin |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SEXUAL ORIENTATION: (Please tick appropriate box)** | | | | | |
| **Do you consider yourself to be a?** | | | | | |
| Gay woman/Lesbian |  | Gay man |  | Bi-Sexual |  |
| Heterosexual |  | If you prefer to self- describe, please specify here |  | | |
| Prefer not to say |  |

|  |  |  |
| --- | --- | --- |
| **DISABILITY: (Please tick appropriate box)**  The Disability Discrimination Act 1995 and the Equality Act 2010 define a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-today activities. | | |
| **Do you consider yourself to have a disability or long term health condition?** | | |
| I have a disability/long term health condition |  | Please describe the nature of your disability/ long term condition (this is optional) |
| I do not have a disability/long term health condition |  |  |
| Prefer not to say |  |
| *The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.* | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RELIGION OR BELIEF: (Please tick appropriate box)**  Do you need to observe your religious beliefs during work time? (We may ask you about this, to ensure we at VAL are doing all that we can to accommodate your needs) | | | | | |
| Yes |  | No |  |  |  |
| **How would you describe your religion/belief?** | | | | | |
| Atheism |  | Jainism |  | Zoroastrianism |  |
| Baha’i |  | Judaism |  | Hinduism |  |
| Buddhism |  | Islam |  | Christianity |  |
| Rastafarian |  | Sikhism |  | No Religion |  |
| Prefer not to say |  | Other/Self-describe: Please specify here | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CARING RESPONSBILITIES: (Please tick appropriate box)** | | | | | |
| None |  | Primary carer of a child/children under 18 |  | Primary carer of disabled child/children under 18 |  |
| Primary carer of disabled adult (18 and over) |  | Primary carer of older person |  | Secondary carer (another person carries out the main caring role) |  |
| Prefer not to say |  |

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