# Equality Monitoring Form

**BIICL wants to meet the aims and commitments set out in its equality and diversity policies. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.**

**We need your help and co-operation to enable us to do this, but filling in this form is voluntary. Any information you provide will be treated as strictly confidential, held securely in line with GDPR requirements and will be used for statistical purposes only. It will not be seen by those involved in the selection process. No information will be published or used in any way which allows any individual to be identified.**

**Please confirm your consent below for your information to be stored and used in this way.**

**Name: Date:**

**Sex**

Man  Woman  Other  Prefer not to say

If you prefer to use your own term, please specify here:

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| --- |
|  |

**Gender**

**Do you live and work in a gender other than that assigned at birth?**

Yes ☐ No ☐ Prefer not to say ☐

**Marital status**

**Are you married or in a civil partnership?** Yes  No

Prefer not to say

**Age**

16-24  25-29  30-34  35-39  40-44

45-49  50-54  55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

*Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.*

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

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| --- |
|  |

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

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

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|  |

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say

Any other mixed background, please write in:

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| --- |
|  |

***White***

British  English  Welsh  Scottish  Northern Irish  Irish

Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

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| --- |
|  |

***Other ethnic group***

Arab  Prefer not to say

Any other ethnic group, please write in:

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

Yes  No  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.*

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say

If you prefer to use your own term, please specify here:

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| --- |
|  |

**What is your religion or belief?**

No religion or belief  Buddhist  Christian Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please write in:

|  |
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|  |

## Thank you for completing this form.