# Equality Monitoring Form

We believe in the equality of opportunity and access for all, and we want to make sure that our organisation is inclusive and accessible to all. The purpose of this form is to ensure we have a clear overview of how effective we are in reaching and representing diverse communities. *This information is confidential and will be used for statistical analysis only.*

|  |  |
| --- | --- |
| **Date Completed** |  |
| **Role applied for** |  |

Ethnic Origin

How would you define your ethnicity?

|  |  |  |  |
| --- | --- | --- | --- |
| Asian/Asian British | | Mixed/multiple ethnic groups | |
| Bangladeshi |  | White and Asian |  |
| Chinese |  | White and Black African |  |
| Indian |  | White and Black Caribbean |  |
| Pakistani |  | Any other Mixed/  multiple ethnic background |  |
| Any other Asian background |  | If other, please specify: | |
| If other, please specify: | | Other Ethnic Background | |
| Black/African/Caribbean/Black British | | Arab |  |
| African |  | Any other ethnic group |  |
| Caribbean |  | If other, please specify: | |
| Any other Black/African/Caribbean background |  | White | |
| If other, please specify: | | British |  |
| Rather not say |  | Gypsy, Roma or Traveller |  |
|  | | Irish |  |
| Any other White background |  |
| If other, please specify: | |

Age

|  |  |
| --- | --- |
| Year of Birth |  |
| Rather not say |  |

Gender

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How would you describe your gender identity? | Female |  | Male |  |
| In another way |  | Rather not say |  |
| If another way, please specify: | |  | |
| Does your gender differ from the sex you were assigned at birth? | Yes |  | No |  |
| Rather not say |  |

Sexual Orientation

How would you describe your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| Asexual |  | Bisexual |  |
| Gay |  | Heterosexual / Straight |  |
| Lesbian |  | In another way |  |
| Rather not say |  | If another way, please specify: | |

Religion and Belief

Please tick as appropriate

|  |  |  |  |
| --- | --- | --- | --- |
| Buddhist |  | Christian |  |
| Hindu |  | Jewish |  |
| Muslim |  | Sikh |  |
| Other |  | No religion/belief |  |
| If other, please specify: | | Rather not say |  |

Physical/Sensory Disability or Long-term condition

Do you consider yourself to have any of the following health conditions or disabilities? Please select all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
| Learning difficulty |  | Long term illness or condition |  |
| Mental health condition |  | Physical impairment |  |
| Visual or hearing impairment |  | None |  |
| Rather not say |  |

Thank you for your time and for providing this information.

We will treat all information provided on this form as confidential, and will process with care and always in accordance with our Privacy Policy, Data Protection Policy and Confidentiality Policy. All of these policies are available by request to [info@rbmind.org](mailto:info@rbmind.org).