

***Reducing health inequalities together***

**Equality, Diversity and Equal Opportunities Monitoring Form**

HMHC is committed to promoting equality and equal opportunities as well as promoting and celebrating diversity in all its forms in all of its activities. We are an equal opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment because of age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Our recruitment selection criteria and procedures (including the areas or media sources which are used in the recruitment process) are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities and that no applicant or employee is disadvantaged by provisions, criteria or practices which cannot be shown to be justified. To ensure that this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information.

Completion of this form is voluntary.

|  |  |
| --- | --- |
| **Post Applied for:** |  |
| **Date of Birth:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender identity: Which of the following options best describes how you think of yourself?** | | | | | |
| Woman (including trans woman) |  | Man (including trans man) |  | Non-binary |  |
| In another way |  | Prefer not to say |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Trans status: Is your gender identity the same as the gender you were given at birth?** | | | | | |
| Yes |  | No |  | Prefer not to say |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sexual orientation: Which of the following options best describes how you think of yourself?** | | | | | |
| Heterosexual or straight |  | Gay or Lesbian |  | Bisexual |  |
| Don’t know/not sure |  | Prefer not to say |  |  |  |
| Other sexual orientation not listed: | |  | | | |

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| **Disability** | | |
| Disability is defined by the Disability Discrimination Act as:  A physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. The disability could be physical, sensory or mental and must be expected to last at least 12 months. | | |
| Are you a disabled person as defined by the Disability Discrimination Act? | YES | NO |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ethnic Origin** | | | | | | | |
| **White** | | | | | | |
| British |  | | Irish |  | Other (please state) |  |
| **Asian or Asian British** | | | | | | |
| Indian |  | | Pakistani |  | Bangladeshi |  |
| Other (please state) | | | | | | |
| **Black or Black British** | | | | | | |
| Caribbean |  | | African |  | Other (please state) |  |
| **South Asia** | | | | | | |
| Chinese |  | | Thailand |  | Malaysia |  |
| Other (please state) | | | | | | |
| Mixed (please state) | |  | | | | |
| Other ethnic group (please state) | |  | | | | |

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| **Religion or Belief** | |
| Please state: |  |

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| --- |
| Print name: |
| Signature: |
| Date: |

**Privacy Statement**

By completing this document, you consent to Healthy Me Healthy Communities (HMHC) collecting, storing and processing personal data including sensitive personal data of which you are the subject, details of which are specified in our data protection policy. This data will be stored and processed for the purposes of monitoring and quality improvement. A copy of the data protection policy is available upon request.