Sample Equality and Diversity Monitoring Form

This form is a sample for information only. Please do not use this form for your actual application. Please use the forms provided by the organisation to which you are applying.

The information you enter on this Equality and Diversity monitoring form will be used for monitoring only and will not be used in assessing and scoring your application or at the interview stage.

### Monitoring Information

As public sector employers, healthcare organisations are required to collect details about an applicant’s age, disabilities, ethnicity, gender, religious beliefs and sexual orientation. This is to ensure they meet their statutory requirements and to encourage the recruitment of a diverse workforce that represents the communities they serve. This information is collected to fulfil that obligation.

The NHS is committed to equal opportunities. No applicants will be discriminated against on the grounds of age, colour, disabilities, ethnicity, gender, race, religious beliefs or sexual orientation.

<table>
<thead>
<tr>
<th>Date of Birth (dd/mm/yyyy)</th>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>I do not wish to disclose my gender</th>
</tr>
</thead>
</table>

### Race Relations (Amendment) Act 2000

I would describe my ethnic origin as: (please tick)

- [ ] Asian or Asian British
  - [ ] Bangladeshi
  - [ ] Indian
  - [ ] Pakistani
  - [ ] Any other Asian background

- [ ] Black or Black British
  - [ ] African
  - [ ] Caribbean
  - [ ] Any other Black background

- [ ] White
  - [ ] British
  - [ ] Irish
  - [ ] Any other White background

- [ ] Mixed
  - [ ] White & Asian
  - [ ] White & Black African
  - [ ] White & Black Caribbean
  - [ ] Any other mixed background

- [ ] Other Ethnic Group
  - [ ] Chinese
  - [ ] Any other ethnic group

- [ ] Undisclosed
  - [ ] I do not wish to disclose my ethnic origin

### Employment Equality Regulations 2003

Do you live and work in a gender other than that assigned at birth? (please tick)

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

Please select the option which best describes your sexuality (please tick)

- [ ] Lesbian/Gay Woman
- [ ] Gay Man
- [ ] Bisexual
- [ ] Heterosexual
- [ ] I do not wish to disclose my sexual orientation

Please indicate your religious belief (please tick)
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- Atheism
- Buddhism
- Christianity
- Islam
- Jainism
- Sikhism
- Other
- Judaism
- Hinduism
- I do not wish to disclose my religion/belief

Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions.

Do you consider yourself to have a disability?  
- Yes
- No
- I do not wish to disclose this information

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark ‘other’.

- Physical Impairment
- Learning Disability/Difficulty
- Sensory Impairment
- Long-standing illness
- Mental Health Condition
- Other