**APPEAL Equal Opportunities Monitoring Form**

APPEAL is an equal opportunities employer and wants to meet the aims and commitments set out in its equality policy. 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. In order to do so, we would be grateful if you would complete and return this form to us. Your answers will be treated in the strictest confidence and used only for statistical purposes.

This form will **not** form part of the selection process. Responding to this questionnaire is optional and the responses will be treated confidentially.

**a) How would you describe your gender?**

Female Male Non-binary Questioning Intersex Other

Prefer to self-describe:………………………… Prefer not to say

**b) Do you identify as trans?**

*A person is trans if they choose to live in a gender that is different to the one assigned at birth. This may or may not involve undergoing gender reassignment surgery.*

Yes No Prefer not to say

**c) How would you define your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Prefer not to say

Prefer to self-describe:…………………………

**d) Are you married or in a civil partnership?**

Married  Civil partnership  Neither Prefer not to say

**e) How old are you?**

16 ‒ 24

25 ‒ 34

 35 ‒ 44

45 ‒ 54

55 ‒ 64

65 or over Prefer not to say

**f) What is your ethnicity?**

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Any other Asian  background | **Mixed**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed  background | **Other Ethnic Groups**  Any other ethnic group (please write in): |
| **Black or Black British**  Caribbean  African  Any other Black  background | **White**  British  Irish  Any other White  background | Prefer not to say |

**g) What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh  Prefer not to say  Prefer to self-describe:…………………………

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

*The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the person running the recruitment process.*

Yes  No  Prefer not to say

**i) Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18)  Primary carer of disabled child/children  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

**j) Where did you hear about this job?** …………………………………………………………………………