**STRICTLY CONFIDENTIAL**

**Equality and diversity monitoring form**

|  |  |
| --- | --- |
| **Position applied for:** |   |

BHT Sussex is an equal opportunity employer. We aim to ensure that no job applicant or employee receives less favourable treatment because of age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race, including colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation.

Our recruitment selection criteria and procedures are regularly reviewed to ensure that individuals are selected, promoted and treated based on their merits and abilities, and that no applicant or employee is disadvantaged by criteria or practices which cannot be shown to be justified.

The information requested on this form will enable us to fulfil our duties under the Equality Act. Your responses will help us to check we have met our legal obligations, to improve services, and to treat everyone fairly.

We will use the data provided in this form to compile statistics on the representation within our workforce of the categories listed. To use this information, we need your consent. By signing below, you will be providing us with your consent to use your data for the purposes stated. You may withdraw your consent at any time by contacting Human Resources.

Completion of this form is optional and does not form part of your application. Any responses you give will assist us in our commitment to equality, diversity and inclusion in the workplace. Your responses will be kept strictly confidential and will not be used in any decisions affecting you.

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

**Please provide the following information.**

**Gender**

|  |  |  |  |
| --- | --- | --- | --- |
| Male [ ]  | Female [ ]  | Non-binary [ ]  |  |
| Prefer to self-describe [ ]  | Prefer not to say [ ]  |

|  |  |
| --- | --- |
| Self-describe option, add here: |  |

**Is your gender identity the same as the one you were assigned at birth?**

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

**Do you identify as transgender?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes [ ]  | No [ ]  | Prefer to self-describe [ ]  | Prefer not to say [ ]  |

|  |  |
| --- | --- |
| Self-describe option, add here: |  |

**Age**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16-24 [ ]  | 25-29 [ ]  | 30-34 [ ]  | 35-39 [ ]  | 40-44 [ ]  | 45-49 [ ]  |  |
| 50-54 [ ]  | 55-59 [ ]  | 60-64 [ ]  | 65-69 [ ]  | 70+ [ ]  | Prefer not to say [ ]  |

**Ethnicity**

Ethnicity is different to your nationality, place of birth or country of citizenship. It is about the group to which you perceive you belong.

**Asian or Asian British**

|  |  |  |  |
| --- | --- | --- | --- |
| Indian [ ]  | Pakistani [ ]  | Bangladeshi [ ]  | Chinese [ ]  |

|  |  |
| --- | --- |
| Other Asian background, add here**:** |  |

**Black, African, Caribbean or Black British**

|  |  |
| --- | --- |
| African [ ]  | Caribbean [ ]  |

|  |  |
| --- | --- |
| Other Black, African or Caribbean background, add here**:** |  |

**Mixed or Multiple ethnic groups**

|  |  |  |
| --- | --- | --- |
| White and Black Caribbean [ ]  | White and Black African [ ]  | White and Asian [ ]  |

|  |  |
| --- | --- |
| Other Mixed or Multiple ethnic background, add here**:** |  |

**White**

|  |  |  |  |
| --- | --- | --- | --- |
| English [ ]  | Welsh [ ]  | Scottish [ ]  | Northern Irish [ ]  |
| Irish [ ]  | British [ ]  | Gypsy or Irish Traveller [ ]  |

**Other ethnic group**

Arab [ ]

|  |  |
| --- | --- |
| Other ethnic group, add here**:** |  |

Prefer not to state ethnicity [ ]

**Disability**

The legal definition of disability is ‘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 information on this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ please discuss this with the recruiting manager or Human Resources.

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

|  |  |  |
| --- | --- | --- |
| Yes [ ]  | No [ ]  | Prefer not to say [ ]  |
| What is the effect or impact of your disability and/or health condition on your work? Please write in here:

|  |  |
| --- | --- |
|  |  |

 |

**Neurodiversity**

Neurodiversity refers to the idea that people experience the world differently based on the ways that their brains and environments interact. The term is most commonly applied to people with autism and those on the autism-spectrum but can also be applied to a range of learning difficulties, disabilities, mental health issues and other neurological differences.

Do you consider yourself to be neurodiverse?

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

|  |  |
| --- | --- |
|  |  |

What is the effect or impact of your neurodiversity on your work? Please write in here:

**Sexual Orientation**

Which of the following best describes your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| Straight [ ] Pansexual [ ]   | Gay [ ] Asexual [ ]  | Lesbian [ ]  Bisexual [ ] Prefer to self-describe [ ]  | Queer [ ] Prefer not to say [ ]  |

|  |  |
| --- | --- |
| Self-describe option, add here: |  |

**Religion and/or Belief**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist [ ]  | Christian [ ]  | Hindu [ ]  | Jain [ ]  | Jewish [ ]  |
| Muslim [ ]   | Pagan [ ]  | Sikh [ ]  | Agnostic [ ]  | Atheist [ ]  |
| No religion or belief [ ]  | Prefer not to say [ ]  |  |

|  |  |
| --- | --- |
| Other religion, add here**:** |  |
| Other philosophical belief, add here**:** |  |

**Caring Responsibilities**

Carers provide unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems.

Do you have caring responsibilities?

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

|  |
| --- |
| If yes, check all that apply. |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent [ ]  | Partner/spouse [ ]  | Child (under 18) [ ]  | Child (over 18) [ ]  |
| Other family member [ ]  | Friend [ ]  |

|  |  |
| --- | --- |
| Other, add here**:** |  |

**Access to Services**

Have you ever been homeless?

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

Have you ever accessed a BHT Sussex service as a client?

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

Have you accessed a service, as a client, from a similar organisation to BHT Sussex?

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

**How did you find out about this role?**

|  |
| --- |
| Where did you see or hear about this role? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indeed [ ]  | Community Base [ ]  | GOV Jobs [ ]  | BHT Sussex Website [ ]  | Social Media [ ]  |
| LinkedIn [ ]  | Current Employee [ ]  | Word of Mouth [ ]  | Other [ ]  |  |
| If other, add here: |

**Thank you for completing this form.**