## **Diversity Monitoring Form**



To ensure that our recruitment process adheres to our Equal Opportunities Policy, all applicants are requested to complete this form. Any information you provide will be treated as strictly confidential and will not be used as part of the short-listing process. Information will be stored in accordance with our Privacy Policy, Data Retention Policy and the General Data Protection Regulations.

Please return the completed form along with your application form to the Operations Manager via email: sandy.bromige@vwt.org.uk
<b>Gender</b> Male $\square$ Female $\square$ Intersex $\square$ Non-binary $\square$ Prefer not to say $\square$
If you prefer to use your own gender identity, please describer here:
Is the gender you identify with the same as your gender registered at birth?  Yes □ No □ Prefer not to say □
Age       16-24       □       25-29       □       30-34       □       35-39       □       40-44       □       45-49       □         50-54       □       55-59       □       60-64       □       65+       □       Prefer not to say       □
What is your ethnicity?
Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box
Asian or Asian British Indian □ Pakistani □ Bangladeshi □ Chinese □ Prefer not to say □ Any other Asian background, please give details:
Black, African, Caribbean or Black British  African □ Caribbean □ Prefer not to say □  Any other Black, African or Caribbean background, please give details:
Mixed or Multiple ethnic groups  White and Black Caribbean □ White and Black African □ White and Asian □  Prefer not to say □ Any other Mixed or Multiple ethnic background, please give details:
White  English □ Welsh □ Scottish □ Northern Irish □ Irish □  British □ Gypsy or Irish Traveller □ Prefer not to say □  Any other White background, please give details:
Other ethnic group  Arab $\square$ Prefer not to say $\square$ Any other ethnic group, please describe:

Do you consid	er yourself to have a disability or health condition?
Yes □ N	Prefer not to say $\square$
What is the effective here:	t or impact of your disability or health condition on your work? Please describe
adjustment', the	in this form is for monitoring purposes only. If you believe you need a 'reasonable n please discuss this with your manager, or the manager running the recruitment e a job applicant.
What is your	exual orientation?
Heterosexual $\Box$	Gay $\square$ Lesbian $\square$ Bisexual $\square$ Asexual $\square$ Pansexual $\square$
Undecided $\square$	Prefer not to say $\square$
If you prefer to ι	se your own identity, please describe here:
	working pattern?
Full-time $\square$	Part-time $\square$ Prefer not to say $\square$
What is your	lexible working arrangement, if any?
None  Annualised hours Homeworking	_
Do you have	aring responsibilities? If yes, please tick all that apply
None $\square$	
Primary carer of	a child/children (under 18) $\square$
Primary carer of	disabled child/children $\square$
Primary carer of	disabled adult (18 and over) $\;\square$
Primary carer of	older person
	another person carries out the main caring role) $\square$
Prefer not to say	