Equality and Diversity Monitoring Form

**Local Space** 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.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

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Gender Choose an item.

If you prefer to use your own term, please specify here: ………………………………………………………

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Are you married or in a civil partnership? Choose an item.

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Age Choose an item.

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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.

White Choose an item.

If you have selected ‘other’ above, please state here:

Mixed / multiple ethnic group Choose an item.

If you have selected ‘other’ above, please state here:

Black / African / Caribbean /Black British Choose an item.

If you have selected ‘other’ above, please state here:

Asian / Asian British Choose an item.

If you have selected ‘other’ above, please state here:

Other ethnic Group Choose an item.

If you have selected ‘other’ above, please state here: ..……………………………………………………………

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What is your sexual orientation? Choose an item.

If you prefer to use your own term, please specify here: **..…………………………………………**

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**What is your religion or belief?** Choose an item.

If other religion or belief, please write in: **..…………………………………………………………….**

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**Do you consider yourself to have a disability or health condition?** Choose an item.

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: **…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

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What is your current working pattern? Choose an item.

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What is your flexible working arrangement? Choose an item.

If you have selected ‘other’ above, please state here: ..……………………………………………………………

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**Do you have caring responsibilities?**

**If yes, please select all that apply** Choose an item.

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**Is there any further information you wish to give?** **..……………………………………………………………...……………………………………………………………...……………………………………………………………..…………………………………………………………….…………………….…………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Name: ..……………………………………………………………**

**Date**: **..…………………………………………………………….**