**Equalities Monitoring Form**

Equality Monitoring helps us to measure how our representative of Bristol’s population our recruitment processes are. Please help us by filling in this form as completely as you can.

**Please be assured that this information will be stored securely in accordance with the Data Protection Act (1998) and the GDPR (2018) (see privacy statement on our website for more details).**

**1. Race and Ethnicity**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

Choose one section from A – E then tick the box that most accurately describes your ethnic group or background

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A) Asian or Asian British** | **B) Black or Black British** | **C) Other ethnic groups** | **D) Mixed / multiple ethnic groups** | **E) White** |
| Bangladeshi  | African  | Arab  | White andAsian  | British  |
| Chinese  | Caribbean  | Iranian  | White and Black African  | Eastern European  |
| Indian  | Somali  | Iraqi  | White and Black Caribbean  | Roma/Gypsy  |
| Pakistani  |  | Kurdish  |  | Irish  |
| East African Asian  |  | Turkish  |  | Traveller of Irish Heritage  |
|  |  |  |  |  |
| Any otherAsian background Please state....................... | Any otherBlack background Please state……………….. | Anyother ethnic background Please state.........……… | Any othermixed/ multiple background Please state........................ | Any otherWhite background Please state................... |
| Prefer not to answer  |

**2. Which of these best describes your gender** (Please highlight):

Female Male Prefer not to say Prefer to self-describe :………………….

## **3. Gender Identity** (please highlight):

Do you identify as Trans?

Yes No Prefer not to say

**4. Age** (please highlight):

18– 25 26 – 39 40 – 50 51 – 64 65 or over

Prefer not to say ÿ

**5. Sexual Orientation** (please highlight):

Bisexual Gay Man Gay Woman/Lesbian

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

**6. Disability** (please highlight):

Do you consider yourself disabled?

Yes No Prefer not to answer

If you answered yes, please highlight the relevant impairment / disability below:

Deaf BSL user Hearing impairment

Learning difficulties Mental / emotional distress

Long term limiting illness Physical impairment

Speech impairment Visual impairment

Prefer not to answer Wheelchair User

**7. Faith:** How would you describe your Religion and/or Belief? (Please highlight):

Buddhist Muslim

Christian Sikh

Hindu None

Jewish Don’t know / not sure

Other faith, religion or belief (please state) …………………………………..

Prefer not to answer