# C:\Users\Maree\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\QHL44XDJ\INSP_Logo_colour_CYMK_print.jpgEquality and diversity monitoring form

INSPwants to meet the aims and commitments set out in its Equal Opportunities Policy and its Equity, Diversity and Inclusion Statement. 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. INSP needs your help and co-operation to enable it to do this, but filling in this form is voluntary. Please upload the completed form to: <https://www.transferbigfiles.com/dropbox/INSPEDMF>. Please do not send the completed form with your application.

**Gender**

Man

Woman

Intersex

Non-binary

Prefer not to say

If you prefer to use another term, please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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:

***White***

English

Welsh

Scottish

Northern Irish

Irish

British

Gypsy or Irish Traveller

Prefer not to say

Any other white background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mixed/multiple ethnic groups***

White and Black Caribbean

White and Black African

White and Asian

Prefer not to say

Any other mixed background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Asian/Asian British***

Indian

Pakistani

Bangladeshi

Chinese

Prefer not to say

Any other Asian background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Black/ African/ Caribbean/ Black British***

African

Caribbean

Prefer not to say

Any other Black/African/Caribbean background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Other ethnic group***

Arab

Prefer not to say

Any other ethnic group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 or health condition on your ability to give your best at work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*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.*

**What is your sexual orientation?**

Heterosexual

Gay

Lesbian

Bisexual

Prefer not to say

If you use another term, please specify here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your religion or belief?**

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Prefer not to say

Other religion or belief: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current working pattern?**

Full-time

Part-time

Prefer not to say

**What is your flexible working arrangement?**

None

Flexi-time

Staggered hours

Term-time hours

Annualised hours

Job-share

Flexible shifts

Compressed hours

Homeworking

Prefer not to say

If other, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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