**DoNESC Equality and Diversity Monitoring Form**

**Please email completed applications to** [**colsen@academicis.co.uk**](mailto:colsen@academicis.co.uk)

**Part 3: Equality and Diversity Monitoring**

This section will be separated from Part 1 and Part 2. Collection of equality information is solely for monitoring purposes to ensure that our policies and procedures are effective. We also collect this data in accordance with the general and specific public sector equality duties under the Equality Act 2010. Any data you enter onto this monitoring form will only be used for monitoring purposes and will not be used in assessing and or scoring your application or during the interview process. This information is kept confidentially and access is strictly limited in accordance with the General Data Protection Regulation 2018 (GDPR), as outlined in section 10.

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnicity | Workforce census code | | Please tick |
| White | WBRI | British English Welsh Northern Irish Scottish |  |
|  | WIRI | Irish |  |
|  | WIRT | Traveller of Irish Heritage |  |
|  | WROM | Gypsy / Roma |  |
|  | WOTH | Any other White background |  |
| Mixed | MWBC | White and Black Caribbean |  |
|  | MWBA | White and Black African |  |
|  | MWAS | White and Asian |  |
|  | MOTH | Any other Mixed background |  |
| Asian or Asian British | AIND | Indian |  |
|  | APKN | Pakistani |  |
|  | ABAN | Bangladeshi |  |
|  | CHNE | Chinese |  |
|  | AOTH | Any other Asian background |  |
| Black or Black British | BCRB | Black – Caribbean |  |
|  | BAFR | Black – African |  |
|  | BOTH | Any other Black background |  |
| Other ethnic group | ARAB | Arab |  |
| CHNE | Chinese |  |
| REFU | Refused/Prefer Not to Say |  |
| OOTH | Any other ethnic group |  |

|  |  |
| --- | --- |
| Sexual orientation | Please tick |
| Bi-sexual |  |
| Gay Man |  |
| Gay Woman |  |
| Heterosexual |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Gender | Please tick |
| Female |  |
| Male |  |
| Transgender |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Personal relationship | Please tick |
| Single |  |
| Living together |  |
| Married |  |
| Civil Partnership |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Disability  Do you consider that you have a disability? | Please tick |
| Yes - Please complete the grid below |  |
| No |  |
| Prefer not to say |  |
|  | |
| My disability is: |  |
| Physical Impairment |  |
| Sensory Impairment |  |
| Mental Health Condition |  |
| Learning Disability/ Difficulty |  |
| Long-standing illness |  |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Religion or belief | Please tick |
| No religion |  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion (Please write this in the box) |  |
| Prefer not to say |  |

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