



Equality and Diversity Monitoring Form

The information you enter on this Equality and Diversity monitoring form will be used for monitoring only and will not be used for any other purpose.

Monitoring Information

As an organisation we are required to collect details about an employees/applicant's age, gender, ethnicity, religious beliefs and disabilities. This is to ensure they meet their statutory requirements and to encourage the recruitment of a diverse workforce that represents the communities they serve. This information is collected to fulfil that obligation.

CDG is committed to equal opportunities. No employee/applicants will be discriminated against on the grounds of colour, race, ethnic origin, age, disability, gender, sexual orientation, marital status, or religion.

Date of Birth		
day _____	month _____	year _____
Gender		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> I do not wish to disclose my gender
<input type="checkbox"/> Transgender Male	<input type="checkbox"/> Transgender Female	
Marital Status		
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Partnership	<input type="checkbox"/> Partner
Age		
<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44
<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65+

Race Relations (Amendment) Act 2000

I would describe my ethnic origin and nationality as: *(please tick)*

Nationality:

Ethnic origin White	Ethnic origin Mixed	Ethnic origin Asian & Asian British	Ethnic origin Black & Black British	Ethnic origin Chinese or other ethnic group
<input type="checkbox"/> British <input type="checkbox"/> Irish Any other please state: _____	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black Africa Any other please state: _____	<input type="checkbox"/> Indian <input type="checkbox"/> Bangladesh <input type="checkbox"/> Pakistani Any other please state: _____	<input type="checkbox"/> Caribbean <input type="checkbox"/> African Any other please state: _____	<input type="checkbox"/> Chinese Any other please state: _____

Employment Equality Regulations 2003

Please select the option which best describes your sexuality *(please tick)*

<input type="checkbox"/> Lesbian/Gay Woman	<input type="checkbox"/> Heterosexual
<input type="checkbox"/> Gay Man	<input type="checkbox"/> I do not wish to disclose my sexual orientation
<input type="checkbox"/> Bisexual	

Please indicate your religious belief *(please tick)*

<input type="checkbox"/> Atheism	<input type="checkbox"/> Sikhism
<input type="checkbox"/> Buddhism	<input type="checkbox"/> Jainism
<input type="checkbox"/> Christianity	<input type="checkbox"/> Hinduism
<input type="checkbox"/> Islam	<input type="checkbox"/> Other
<input type="checkbox"/> Judaism	<input type="checkbox"/> I do not wish to disclose my religion/belief

Disability Discrimination Act 1995

The Disability Discrimination Act protects disabled people. This includes people with long-term health conditions. If you tell us that you have a disability we can make reasonable adjustments to where you work and your work arrangements or at interview.

Do you consider yourself to have a disability?

Yes No I do not wish to disclose this information

Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

Physical Impairment Learning Disability/Difficulty
 Sensory Impairment Long-standing illness
 Mental Health Condition Other

Name: _____

Job Title: _____

Centre: _____

Date: _____