

DIVERSITY MONITORING FORM

The Friends of the Princess is committed to diversity and equal opportunities in all aspects of our work.

The personal information requested in this form will help us to comply with the law and to ensure that our policies and practices are fair and effective. The information provided will be used for the purposes of recruitment and selection monitoring. It will be treated in strictest confidence and processed in accordance with the Data Protection Act 1998. It will be separated from your application form before making any selection decisions. The information collected will be processed for the purposes of personnel administration and retained for monitoring purposes only.

All information is optional. If you would prefer not to give any of the details below, please leave those sections blank but return the form anyway.

1. Gender

I would identify myself as: Male Female Transgender

Other (please specify) _____

2. Age

Less than 25	<input type="checkbox"/>	<input type="checkbox"/>	45-54
25-34	<input type="checkbox"/>	<input type="checkbox"/>	55-64
35-44	<input type="checkbox"/>	<input type="checkbox"/>	65+

3. Ethnicity

Asian or Asian British – Indian	<input type="checkbox"/>	<input type="checkbox"/>	Mixed – White and Black Caribbean
Asian or Asian British – Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	Mixed – White and Black African
Asian or Asian British – Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	Mixed – White and Asian
Asian or Asian British – Other	<input type="checkbox"/>	<input type="checkbox"/>	Mixed – Other
Black or Black British – Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	White – British
Black or Black British – African	<input type="checkbox"/>	<input type="checkbox"/>	White – Irish
Black or Black British – Other	<input type="checkbox"/>	<input type="checkbox"/>	White – Other
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify _____

4. Do you consider yourself to be a disabled person*?

** Disability, as defined by the Disability Discrimination Act, covers many people who may not usually have considered themselves disabled. It covers physical or mental impairments with long term, substantial effects on ability to perform day-to-day activities.*

Yes No

Nature of disability (please tick all that apply):

Deaf or hearing impaired	<input type="checkbox"/>	<input type="checkbox"/>	Learning disabilities (includes dyslexia)
Blind or visually impaired	<input type="checkbox"/>	<input type="checkbox"/>	Long-term illness or debilitating disease
Musco-skeletal (co-ordination/dexterity/mobility)	<input type="checkbox"/>	<input type="checkbox"/>	Other, please specify _____
Mental health (including serious depression)	<input type="checkbox"/>		

5. Do you have any dependent children (under the age of 16) living with you?

Yes No

6. Sexual orientation

Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual
Gay	<input type="checkbox"/>	<input type="checkbox"/>	Lesbian
		<input type="checkbox"/>	Other, please specify _____

7. Religion or belief

Which group do you most identify with?

No religion	<input type="checkbox"/>	<input type="checkbox"/>	Jewish
Christian	<input type="checkbox"/>	<input type="checkbox"/>	Muslim
Buddhist	<input type="checkbox"/>	<input type="checkbox"/>	Sikh
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	Other, please state _____
		<input type="checkbox"/>	Prefer not to say