****

**Equalities Monitoring App no:**

**We’re bound by the Public Sector Equality Duty to promote equality for everyone. To assess whether we’re meeting this duty, whether our policies are effective and whether we’re complying with relevant legislation, we need to know the information requested below.**

This section of the application form will not be shared with the shortlisting panel.

|  |  |
| --- | --- |
| What is your date of birth? |  **/ / (dd/mm/yyyy)** |
| What is your sex? | Male Female |
| What gender are you? | MaleFemaleOtherPrefer not to say |
| Do you identify as the gender you were assigned at birth? | YesNoPrefer not to say |

**How would you describe your ethnic origin?**

|  |  |
| --- | --- |
| **White** | **British Irish Gypsy or Irish traveller Any other white background** |
| **Asian or** **Asian British** | Indian Pakistani Bangladeshi Chinese  |
| **Black or** **Black British** | African any other Black backgroundCaribbean |
| **Mixed** | White and Asian White and Black African   White and Black Caribbean  Any other mixed background |
| **Any other ethnic group** | Arab  Any other ethnic group  | Prefer not to say  |
| **Which of the following best describes your sexual orientation?** | Bisexual Hetrosexual/straight  Homosexual manHomosexual woman  OtherPrefer not to say   |
| **What is your religion or belief?** | Agnostic Jain Other   Atheist Jewish Pagan     Buddhist Muslim Sikh  Christian No religion    Hindu Prefer not to say  |
| **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**   Yes No Prefer not to say  |
| **If you answered ‘yes’ to the question above, please state the type of impairment. Please tick all that apply. If none of the below categories applies, please mark ‘other’.** Physical Impairment Sensory Impairment Learning disability/difficulty Long-standing illness  Mental Health condition Developmental condition  Other |