|  |  |
| --- | --- |
| **Please Check** ⮽ | **Ethnicity** |
| **Gender**  Male  Female | **White**  British (WB)  Irish (WI)  Any other white background (WO)  Please specify: |
| **Marital Status**  Divorced  Formerly in a same-sex civil partnership which is now legally dissolved  In a registered same-sex civil partnership  Married  Never married and never registered a same sex civil partnership  Separated, but still legally in a same-sex civil partnership  Separated, but still legally married  Surviving partner from a same-sex civil partnership  Widowed | **Black**  British (BB)  African (BA)  Caribbean (BC)  Any other Black background (BO)  Please specify: |
| **Asian**  British (ABR)  Bangladeshi (AB)  Indian (AI)  Pakistani (AP)  Any other Asian background (AO)  Please specify: |
| **Caring Responsibilities**  Do you have caring responsibilities?  Yes  No  Please indicate either:  Child  Adult  A carer is defined as someone who:“.. cares for, or expects to care for, a husband, wife or partner, a relative such as a child, uncle, sister, parent-in-law, son-in-law or grandparent, or someone who falls into neither category but lives at the same address as the carer.” | **Traveller**  Irish Traveller (IT)  Gypsy (G)  Romany (R)  Any other Traveller background (TO)  Please specify: |
| **Sexual Orientation**  This information will help us to monitor the workforce and the effectiveness of our Equalities Policies. Which of these best describe your sexual orientation?  BI-sexual  Gay man  Heterosexual/Straight  Lesbian/Gay woman  Other  Prefer not to say | **Faith/Religion**  Which of the following religious groups, if any, do you identify with?  Buddhist  Christian  Hindu  Jewish  Muslim  No religion  Other  Prefer not to say |

**Impairment or Disability**

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| Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995? e.g. a physical and/or mental impairment, which has a substantial and long-term adverse effect on your ability to undertake day to day activities. | | | Yes | No |
| If YES, please indicate below: | | | | |
| Visual impairment | Speech impairment | Hearing impairment | | |
| Wheelchair user | Restricted mobility | Mental health issues | | |
| Learning difficulty | Other impairment, please specify: | | | |
| Do you need an accessible (car) parking bay? | | | Yes | No |

**Please return your completed form to email**

|  |  |
| --- | --- |
| Name |  |
| Signature |  |
| Date |  |