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| --- | --- |
| **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)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 [ ]  NoPlease indicate either:[ ]  Child[ ]  AdultA 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**

|  |  |  |
| --- | --- | --- |
| 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 |  |