# Equality and diversity monitoring form

*Blagrave**wants to ensure we are fulfilling our commitments on Diversity, Equity and Inclusion. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. Blagrave needs your help and co-operation to enable it to do this. None of the information below will be available to the selection panel.*

*When you have completed this form, please save it and send it along with your application to* [***hr@blagravetrust.org***](mailto:hr@blagravetrust.org)

*If your application is successful, your anonymised data will be kept on file so we can monitor our progress on Diversity, Equity and Inclusion. You can read our Privacy and Data Protection policy* [***here****.*](https://www.blagravetrust.org/wp-content/uploads/2021/11/Privacy-and-Data-Protection-Policy-2021.pdf)

**Gender** Man  Woman  Intersex  Non-binary  Prefer not to say

If you prefer to use a different term, please specify here:

**Are you married or in a civil partnership?** Yes  No  Prefer not to say

**Age** 16-25 26-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

*White*

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

*Mixed/multiple ethnic groups*

Prefer not to say  Any mixed background, please write in:

*Asian/Asian British*

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

*Black/ African/ Caribbean/ Black British*

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

*Other ethnic group*

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here:

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual

Prefer not to say  If you prefer to use a different term, please specify here:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None  Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)  Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say