

Equality Monitoring Questionnaire

Ref: Strat&OpsLead22 [this form is used only for internal monitoring and will be separated from your application prior to shortlisting]

1. Do you identify as:

- Male
 Female
 Non-binary
 Prefer not to state

2. Please select your age group

<input type="checkbox"/> Under 18	
<input type="checkbox"/> 18-24	<input type="checkbox"/> 45-49
<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54
<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59
<input type="checkbox"/> 35-39	<input type="checkbox"/> 60-64
<input type="checkbox"/> 40-44	<input type="checkbox"/> 65+

4. Do you consider yourself disabled? (Please tick one box)

- No
 Yes
 → If yes, is this related to:
 Physical health
 Sensory
 Mental health
 Learning
 Prefer not to say
 Other

5. Are you registered as disabled? (Please tick one box)

- No
 Yes

6. Please tick one box to describe your ethnic group:

White	Mixed	Asian or Asian British
<input type="checkbox"/> British	<input type="checkbox"/> White & Black Caribbean	<input type="checkbox"/> Indian
<input type="checkbox"/> Irish	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White European	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Other (Please state)	<input type="checkbox"/> Other (Please state)	<input type="checkbox"/> Tamil
		<input type="checkbox"/> Asian Other (Please state)

Black or Black British	Other
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> African	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Somali	<input type="checkbox"/> Other Ethnic Group (Please state)
<input type="checkbox"/> Black Other (Please state)	

7. Do you identify as:

- Lesbian/Gay
 Heterosexual
 Bisexual
 Other
 Prefer not to say