# EQUALITY AND DIVERSITY

**Employee’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Please indicate your gender:-**  Male  Female |

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| **Please indicate your ethnic origin by circling one of the below:-**  Asian or Asian British – Bangladeshi  Asian or Asian British – Indian  Asian or Asian British – Pakistani  Black or Black British – Caribbean  Mixed – Other  Mixed Ethnic – White & Black African  Other Ethnic Origin – Arab  White – Welsh/English/Scottish/N.Ireland  White – Other  Asian or Asian British – Chinese  Asian or Asian British – Other  Black or Black British – African  Black or Black British – Other  Mixed Ethnic Group – White & Asian  Mixed Ethnic – White & Black Caribbean  Prefer not to say  White – Irish  White – Gypsy/Irish Traveller | |
| **Please indicate your religion/belief by circling one of the below:-**  Buddhist  Hindu  Muslim  Other  Sikh  Christian  Jewish  None  Prefer not to say | |
| **Is English an additional language? If ‘yes’, what is your first language?** | Yes/No (please circle) |

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| **Please indicate your age range:**  16 - 17  18 - 24  25 - 29  30 - 39  40 - 49  50 - 59  60 - 64  65+ |

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| **Disability**  The Disability Act (2010) defines a disabled person as someone with a ‘physical or mental impairment which has substantial and long-term adverse effect on his/her ability to carry out normal day to day activities’.  Do you consider yourself to have such a disability? Yes No  Please indicate what type of disability you have:-  Do not wish to specify  Learning difficulties  Long standing illness or health condition  Mental illness  Other  Physical impairment  Sensory impairment  Visual impairment (Not corrected by spectacles or contact lenses)  Hearing impairment  Learning disability  Mental health condition  Mobility impairment  Physical co-ordination difficulties  Reduced physical capacity  Speech impairment  Neurological condition |