

**EQUALITY AND DIVERSITY MONITORING FORM**

Health in Mind is committed to equality of opportunity as a service provider, an employer, and an organisation that involves volunteers.

To assist us to monitor the effectiveness of our equality and diversity practices we would encourage you to complete this monitoring form. This form will be separated from your application form prior to the selection process. The information you provide will be treated as sensitive data under the Data Protection Act 2018.

Please tick the relevant box in each section or complete details as appropriate.

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| **What is your age?** | |
| **16 - 24** |  |
| **25 - 29** |  |
| **30-34** |  |
| **35 - 39** |  |
| **40 - 44** |  |
| **45 - 49** |  |
| **50 – 54** |  |
| **55 – 59** |  |
| **60 -64** |  |
| **65+** |  |
| **Prefer not to say** |  |

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| **Are you married or in a civil partnership?** | |
| **Never married and never registered in a civil partnership** |  |
| **Married** |  |
| **In a registered civil partnership** |  |
| **Separated but still legally married** |  |
| **Separated but still legally in a civil partnership** |  |
| **Widowed** |  |
| **Surviving partner from a civil partnership** |  |
| **Prefer not to say** |  |

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| **What is your gender?** | |
| **Male** |  |
| **Female** |  |
| **Intersex** |  |
| **Non-binary** |  |
| **Prefer to use own term** (please state) |  |
| **Prefer not to say** |  |

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| **Do you consider yourself to be trans or have a trans history?** | |
| **No** |  |
| **Yes, please describe your trans status e.g. trans man, trans woman** |  |

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| **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.** | |
| Choose **one** section A-G, then tick **one** box which best describes your ethnic group or background: | |
| **A – White:** | |
| **Scottish** |  |
| **Other British** |  |
| **Irish** |  |
| **Polish** |  |
| **Gypsy/ Traveller** |  |
| **Showman/ Showwoman** |  |
| **Other white ethnic group** (please state) |  |
| **B – Mixed or multiple ethnic group:** | |
| **Any mixed or multiple ethnic group** (please state) |  |
| **C – Asian, Asian Scottish or Asian British:** | |
| **Pakistani, Scottish Pakistani or British Pakistani** |  |
| **Indian, Scottish Indian or British Indian** |  |
| **Bangladeshi, Scottish Bangladeshi or British Bangladeshi** |  |
| **Chinese, Scottish Chinese or British Chinese** |  |
| **Other** (please state) |  |
| **D – African, Scottish African or British African:** | |
| **Please state e.g. Nigerian, Somali** |  |
| **E – Caribbean or Black:** | |
| **Please state e.g. Scottish Caribbean, Black Scottish** |  |
| **F – Other ethnic group:** | |
| **Arab, Scottish Arab or British Arab** |  |
| **Other, Please State e.g. Sikh, Jewish** |  |
| **G – Prefer not to say** |  |

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| **Do you consider yourself to have a disability or health condition?** | |
| The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. | |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |

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| **Do you consider yourself to have lived experience of mental health difficulties?** | |
| **Yes** |  |
| **No** |  |

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| **What is your sexual orientation?** | |
| **Bisexual** |  |
| **Gay** |  |
| **Lesbian** |  |
| **Heterosexual** |  |
| **Prefer to use own term** (please state) |  |
| **Prefer not to say** |  |

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| **What is your religion or belief?** | |
| **No religion or belief** |  |
| **Christian** |  |
| **Muslim** |  |
| **Buddhist** |  |
| **Sikh** |  |
| **Jewish** |  |
| **Hindu** |  |
| **If other religion or belief** (please state) |  |
| **Prefer not to say** |  |

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| **Do you have caring responsibilities? If yes, tick all that apply** | |
| **None** |  |
| **Primary carer of a child/ children (under 18)** |  |
| **Primary carer of a disabled child/ children** |  |
| **Primary carer of a disabled adult (18 and over)** |  |
| **Primary carer of an older person** |  |
| **Secondary carer (another person carriers out the main caring role)** |  |
| **Other** (please state) |  |
| **Prefer not to say** |  |

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| **Are you a refugee or former refugee?** | |
| **Yes** |  |
| **No** |  |