**Equality & Diversity Form**

Please complete and return this to Human Resources,

Human Resources, 5th Floor Maxwell Building.

This information is kept strictly confidential and will not be shared with other areas.

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| **Personal Information** | |
|  | |
| *Name* |  |
|  | |
| *Business Area* |  |
|  | |

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| --- | --- | --- |
| **Information Requested** | | |
| *Gender?* | |  |  | | --- | --- | | Female |  | | Male |  | | Other |  | | |
|  | | |
| *Do you consider yourself to have a disability?* | Yes  No  *(please tick)* | If ***yes***, please select from the list below:   |  |  | | --- | --- | | Specific learning disability (e.g. dyslexia/dyspraxia) |  | | General learning disability (e.g. down’s syndrome) |  | | Cognitive Impairment (e.g. autistic spectrum disorder or resulting from head injury) |  | | Long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease or epilepsy) |  | | Mental health condition (e.g. depression or schizophrenia) |  | | Physical impairment or mobility issues (e.g. difficulty using arms or using a wheelchair or crutches) |  | | Deaf or serious hearing impairment |  | | Blind or serious visual impairment |  | | Other type of disability |  | |
|  | | |
| *Is your gender the same as it was at birth?*  Please tick | |  |  | | --- | --- | | Yes |  | | No |  | | Prefer not to say |  | | |
|  | | |
| *What is your sexual orientation?*  Please tick | |  |  | | --- | --- | | Bisexual |  | | Gay man |  | | Gay woman/Lesbian |  | | Heterosexual |  | | Other |  | | Prefer not to say |  | | |
|  | | |
| *What is your ethnic origin?*  Please tick | |  |  | | --- | --- | | White - British |  | | White – Irish |  | | Other White Background |  | | Black or Black British – Caribbean |  | | Black or Black British – African |  | | Other Black Background |  | | Asian or Asian British – Indian |  | | Asian or Asian British – Pakistani |  | | Asian or Asian British – Bangladeshi |  | | Chinese |  | | Other Asian Background |  | | Mixed – White and Black Caribbean |  | | Mixed – White and Black African |  | | Mixed – White and Asian |  | | Other Mixed Background |  | | Other Ethnic Background |  | | Not Known |  | | Information Refused |  | | |
|  | | |
| *What is your religion?*  Please tick | |  |  | | --- | --- | | Buddhist |  | | Christian |  | | Hindu |  | | Jewish |  | | Muslim |  | | Sikh |  | | No religion |  | | Other religion/belief |  | | Prefer not to say/Information refused |  | | |
|  | | |
|  | | |
| *What is your nationality?* |  | |
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