

Equality & Diversity Monitoring Form

Confidential

Ealing Mencap strives to operate a policy of equality and diversity and not discriminate against any person. The information you provide will be treated in the strictest confidence and is for monitoring purposes only and in no way forms any part of the selection process.

Ethnic Origin (please indicate by a tick in the appropriate box)		
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background	Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background	Other Ethnic groups <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	Not Stated <input type="checkbox"/> Not Stated <input type="checkbox"/> I do not wish to disclose my ethnic group

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
--

Age Group <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65 or over <input type="checkbox"/> I do not wish to disclose my age
--

Sexual orientation Please select that which best describes your sexuality: <input type="checkbox"/> I do not wish to disclose my sexual orientation <input type="checkbox"/> Homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Heterosexual

Religious Belief Please indicate your religious belief: <input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose my religion/belief

Disability Discrimination Act 2005 A person has a disability under the Disability Discrimination Act if he/she has a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities. Long term means has lasted, or is expected to last, for 12 months. Do you consider yourself to be a disabled person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose whether or not I have a disability If answering yes, please give details of your disability below:
--