# EQUALITY AND DIVERSITY

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

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| **Please indicate your gender:-**MaleFemale |

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| **Please indicate your ethnic origin by circling one of the below:-**Asian or Asian British – BangladeshiAsian or Asian British – IndianAsian or Asian British – PakistaniBlack or Black British – CaribbeanMixed – OtherMixed Ethnic – White & Black AfricanOther Ethnic Origin – ArabWhite – Welsh/English/Scottish/N.IrelandWhite – OtherAsian or Asian British – ChineseAsian or Asian British – OtherBlack or Black British – AfricanBlack or Black British – OtherMixed Ethnic Group – White & AsianMixed Ethnic – White & Black CaribbeanPrefer not to sayWhite – IrishWhite – Gypsy/Irish Traveller |
| **Please indicate your religion/belief by circling one of the below:-**BuddhistHinduMuslimOtherSikhChristianJewishNonePrefer 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 - 1718 - 2425 - 2930 - 3940 - 4950 - 5960 - 6465+ |

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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 NoPlease indicate what type of disability you have:-Do not wish to specifyLearning difficultiesLong standing illness or health conditionMental illnessOtherPhysical impairmentSensory impairmentVisual impairment (Not corrected by spectacles or contact lenses)Hearing impairmentLearning disabilityMental health conditionMobility impairmentPhysical co-ordination difficultiesReduced physical capacitySpeech impairmentNeurological condition  |