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| **Equality and Diversity Monitoring Form** | | | | | | |
| We want to assess how well our equality, diversity and inclusion policy works in practice. Part of this policy is to make our jobs suitable for as wide a variety of people as possible. We are interested in finding out about, very broadly, the kinds of people that apply for our posts and the response to particular advertisements we place.  Completion of all or part of this form is voluntary. This form is not used during the short listing process and will be kept separate from your application form. The selection panel will not see a copy of this form as it is used for monitoring purposes only. | | | | | | | | | | | | | | | |
| **Salford Women’s Aid is an equal opportunities employer. To ensure the effectiveness of this policy and to assist in its development, we wish to monitor all applications for employment. If there is any part you would prefer not to complete, please leave blank.** | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Age** | | | |  | | |  | |  | |  | | |  | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Ethnic Origin (please tick)** | | | | | | |  | |  | |  | | |  | |
| **White** | | | **Mixed** | | | **Asian/Asian British** | | | | **Black/**  **Black British** | | | **Chinese or other ethnic group** | | |
| British |  | | White & Black Caribbean | |  | Indian | |  | | Caribbean | |  | Chinese | |  |
| Irish |  | | White & Black African | |  | Pakistani | |  | | African | |  | Other ethnic group | |  |
| Other |  | | White & Asian | |  | Bangladeshi | |  | | Other | |  |  | |  |
|  |  | | Other | |  | Other | |  | |  | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Sexuality**  **(please tick)** | | | Heterosexual | |  | Lesbian | |  | | Bisexual | |  | Other/ Do not wish to disclose | |  |
|  | | |  | |  |  | |  | |  | |  |  | |  |
| **Do you consider yourself transgender** | | | Yes | |  | No | |  | | Don’t know | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Are you disabled?** | | | | | | Yes | |  | | No | |  |  | |  |
| Nature of Disability | | | | |  |  | |  | |  | |  |  | |  |
| Mobility |  | | Visual Impairment | |  | Hearing Impairment | |  | | Progressive Disability/Chronic Illness | |  | Mental Health | |  |
| Learning Disability |  | |  | |  | Other | |  | |  | |  | Do not wish to disclose | |  |

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| --- | --- | --- | --- | --- | --- |
| **Where did you see this vacancy advertised?** |  |  |  |  |  |
|  | | | | | |