



## Diversity Monitoring Form

The EWC aims to have an inclusive environment for all staff, by identifying and removing barriers in our practices. Completing this monitoring form will help us achieve this, and also help us to meet our obligations under the Equality Act 2010.

While it is voluntary to disclose this information, the information you provide will help us to ensure that our recruitment processes are fair to all and allow us to attract diverse and talented candidates.

Your answers will be treated in the strictest confidence. It will be detached from your application on receipt and will not be considered as part of the selection process.

Aggregated data will be provided to our policy team for analysis and for reporting within our [Annual Equality Report](#).

1. Age	16-24	25-34	35-44	45-54	55-64	65 & over	Prefer not to say

2. Gender	Man	Woman	Non-Binary	Intersex	Prefer not to say

I use another term. Please provide details:

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3. Are you trans?	Yes	No	Unsure	Prefer not to say

4. Sexual orientation	Asexual/ Aromantic	Bisexual	Gay/ Lesbian	Hetero-sexual/ Straight	Prefer not to say

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I use another term. Please provide details:

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5. Relationship status	Married or in a civil partnership	Divorced	Single	Living with a partner in a long-term relationship	Separated	Widowed	Prefer not to say

If other, please state:

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6. What is your religion or belief?	No religion or belief	
	Atheist	
	Christian	
	Buddhist	
	Hindu	
	Humanist	
	Jewish	
	Muslim	
	Pagan	
	Sikh	
	Prefer not to say	

If other, please state:

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7. What is your ethnic group?	White	Welsh	
		English	
		Scottish	
		Northern Irish	
		British	
		Other white background – <b>please describe:</b>	
		Prefer not to say	
	Mixed/Multiple ethnic group	White & Black Caribbean	
		White & Black African	
		White & Asian	
		Other mixed/multiple ethnic background – <b>please describe:</b>	
	Asian/Asian British	Indian	
		Pakistani	
		Bangladeshi	
		Chinese	
		Other Asian background – <b>please describe:</b>	
	Black/African/Caribbean/Black British	Caribbean	
		African	
		Other Black/African/Caribbean background – <b>please describe:</b>	
	Other ethnic group	Arab	
		Other ethnic group – <b>please describe:</b>	

<b>8. National Identity</b>	Welsh	
	English	
	Scottish	
	Irish	
	British	
	Other	
	Prefer not to say	

If other, please state:

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<b>9. Do you have any caring responsibilities?</b>	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 older person/people (65 and over)	
	Secondary carer	
	Prefer not to say	

## 10. Disability

The Equality Act 2010 defines disability as:

*“A **physical or mental impairment** which has a **substantial and long term adverse effect** on the ability to carry out **normal day to day activities**”.*

<b>10a) Do you consider yourself to have a disability?</b>	Yes, day to day activities limited a lot	
	Yes, day to day activities limited a little	
	No	
	Not sure	
	Prefer not to say	

<b>10b) Please tick those impairments or health conditions that apply to you</b>	Cognitive impairment (for example neurological conditions, or dementia)	
	Learning impairment or disability (for example dyslexia, Downs syndrome, Autism etc.)	
	Mobility impairment	
	Mental ill health (for example depression, anxiety, or schizophrenia)	
	Sensory impairment (for example visual or hearing impairment). <b>Please specify:</b>	
	Blind or partially sighted	
	Deaf (sign language user)	
	Hard of hearing or deaf	
	Long-term health condition (for example epilepsy, diabetes or cancer)	
	Other	

If other, please state:

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### 10c) Disability

The Equality Act 2010 defines disability as:

*“A **physical or mental impairment** which has a **substantial and long term adverse effect** on the ability to carry out **normal day to day activities**”.*

<b>Do you have a disability as defined by the Equality Act 2010?</b>	Yes	
	No	
	Prefer not to say	