**Equality and Diversity Monitoring Form**

The Authority is committed to recruiting, retaining and developing a workforce that reflects at all grades the diverse communities that we serve. It is vital that we monitor and analyse diversity information so that we can ensure that our HR processes are fair, transparent, promote equality of opportunity for all staff, and do not have an adverse impact on any particular group. Your cooperation in providing us with accurate data will ensure that we not only meet our legal obligations, but even more importantly will result in us designing and applying policies and processes that attract and retain a diverse, talented and motivated workforce.

Any information provided on this form will be treated as strictly confidential and will be used for statistical purposes only. No information will be published or used in any way which allows any individual to be identified.

|  |  |
| --- | --- |
| **Name** |  |
| **Position applied for** |  |

Please tick the appropriate boxes below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | Male |  | Female |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are you married or in a civil partnership?** | | | | | |
| Yes |  | No |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | | | |
| 16-24 |  | 45-54 |  |
| 25-34 |  | 55-64 |  |
| 35-44 |  | 65 + |  |
| Prefer not to say |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability** The Equality Act (2010) states that a person has a disability if:  a) that person has a physical impairment, and  b) the impairment has a substantial and long-term adverse effect on that person’s ability to carry out normal day to day activities | | | | | |
| **Do you consider yourself to have a disability?** | | | | | |
| Yes |  | No |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Origin** Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive that you belong. Please indicate your ethnic origin by ticking the appropriate box. | | | |
| **White** | | **Asian** | |
| British |  | Indian |  |
| Irish |  | Pakistani |  |
| Any other white background |  | Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| **Mixed / Multiple Ethnic Groups** | | **Black / Black British** | |
| White and Black Caribbean |  | Caribbean |  |
| White and Black African |  | African |  |
| White and Asian |  | Any other black background |  |
| Any other mixed/multiple background |  |  |  |
| **Any other ethnic group** |  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What is your sexual orientation?** | | | |
| Heterosexual / Straight |  | Bisexual |  |
| Gay man |  | Other |  |
| Gay woman / Lesbian |  | Prefer not to say |  |

|  |  |  |
| --- | --- | --- |
| **What is your religion or belief?** | | |
| No religion | Hindu | Sikh |
| Christian | Jewish | Any other religion |
| Buddhist | Muslim | Prefer not to say |

|  |  |
| --- | --- |
| **Print name** |  |
| **Signature** (if completing electronically please type your name) |  |

By completing this form you have helped us better understand how we, as an employer, ensure equality of opportunity for all.

Thank you for completing this form.

**West London Waste Authority**