|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equality & Diversity Monitoring Form** | | | | | | |  | | **Anonymous monitoring** | | | | | | |
| Completion of all, or part, of this form is voluntary but it would help us to ensure we are reaching all sections of the community we serve if you would complete and return it. | | | | | | | | | | | | | | | |
| **Leeds Women’s Aid is an equal opportunities employer. To ensure the effectiveness of our policy, we wish to monitor the diversity of job applicants. If there is any part you would prefer not to complete, please leave blank. The information you provide is anonymous and will be used for statistical purposes only.** | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Age** | | | |  | | |  | |  | |  | | |  | |
|  | |  | |  | | |  | |  | |  | | |  | |
| **Ethnic Origin (please tick)** | | | | | | |  | |  | |  | | |  | |
| **White** | | | **Mixed** | | | **Asian/Asian British** | | | | **Black/**  **Black British** | | | **Other ethnic minority** | | |
| British |  | | White & Black Caribbean | |  | Indian | |  | | Caribbean | |  | Arab | |  |
| Irish |  | | White & Black African | |  | Pakistani | |  | | African | |  | Gypsy, Romany, Irish Traveller | |  |
| Other |  | | White & Asian | |  | Bangladeshi | |  | | Other | |  | Other | |  |
|  |  | | Other | |  | Chinese | |  | |  | |  |  | |  |
|  |  | |  | |  | Other | |  | |  | |  | Do not wish to disclose | |  |
|  |  | |  | |  |  | |  | |  | |  |  | |  |
| **Sexuality**  **(please tick)** | | | Heterosexual | |  | Lesbian | |  | | Bisexual | |  | Other/ Do not wish to disclose | |  |
|  | | |  | |  |  | |  | |  | |  |  | |  |
| **Do you con-sider 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 | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you identify in any other way that we have not asked about, or should we monitor anything else?** |  |  |  |  |  |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How did you learn about this role?** |  |  |  |  |  |
|  | | | | | |