# Equality Monitoring Form

esea contemporary wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the UK's Equality Act 2010, and building an accurate picture of the diversity of our workforce. We welcome people from all communities and backgrounds to work with us, and collect information that enables us to monitor which groups may currently be underrepresented in our organisation.

We would appreciate your help and co-operation to collect this data, however filling in this form is voluntary. If completed, the information you provide will be treated as special category data in accordance with the General Data Protection Regulation and will be used for statistical purposes only.

**Gender** Male [ ]  Female [ ]  Non-Binary (e.g. androgyne) [ ]  Prefer not to say [ ]

Prefer to self-describe:

**What is your sexual orientation?** Heterosexual/straight [ ]  Gay woman/lesbian [ ]

Gay man [ ]  Bisexual [ ]  Prefer not to say [ ]

Prefer to self-describe:

**What is your age?**  Prefer not to say [ ]

**What is your ethnic group?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Choose one option that best describes your ethnic group or background:

***White***

English/Welsh/Scottish/Northern Irish/British [ ]  Irish [ ]  Gypsy or Irish Traveller [ ]

Prefer not to say [ ]  Any other white background, please describe:

***Mixed/multiple ethnic groups***

White and Black Caribbean [ ]  White and Black African [ ]  White and Asian [ ]

Prefer not to say [ ]  Any other mixed background, please describe:

***Asian/Asian British***

Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Prefer not to say [ ]

Any other Asian background, please describe:

***Black/African/Caribbean/Black British***

African [ ]  Caribbean [ ]  Prefer not to say [ ]

Any other Black/African/Caribbean background, please describe:

***Other ethnic group***

Arab [ ]  Prefer not to say [ ]

Any other ethnic group, please describe:

**Do you consider yourself to have a disability or health condition?**

Non-disabled [ ]  Visual impairment [ ]

Hearing impairment/Deaf [ ]  Cognitive or learning disabilities [ ]

Mental health condition [ ]  Other long term/chronic conditions [ ]

Physical disabilities [ ]  Not known/prefer not to say [ ]

*The information in this form is for monitoring purposes only. If you believe you need a reasonable adjustment, then please discuss this with a member of staff.*