# 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.*