



MANINPLACE  
INNOVATE ACCOMMODATE MOTIVATE

# EQUALITIES MONITORING FORM

FOR A LARGE PRINT VERSION OF THIS  
FORM, PLEASE PHONE 01952 248248

**DO NOT WRITE YOUR NAME ON THIS FORM**

Maninplace is committed to recruiting, retaining and developing a workforce that reflects the community 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 meet our legal obligations under the Equality Act 2010. More importantly, your response will help us to build policies 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. It will not be seen by anybody directly involved in the selection process. No information will be published or used in any way which allows any individual to be identified.

OFFICE USE ONLY	
DATE FORM RECEIVED:	
FILED BY:	



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# EQUALITIES MONITORING FORM

**DATE OF BIRTH:** .....

**GENDER:** Female  Male  Do not wish to state

**WOULD YOU DESCRIBE YOURSELF AS TRANSGENDER?**

Yes  No  Do not wish to state

**HOW WOULD YOU DESCRIBE YOUR NATIONAL IDENTITY?**

Examples are *British, Polish, Welsh, Northern Irish, Ugandan*

.....

**HOW WOULD YOU DESCRIBE YOUR ETHNICITY?**

Ethnic origin categories are not about nationality, place of birth or citizenship. They are about the group to which you as an individual perceive you belong.

Please describe your ethnic origin below.

Examples could be *White British, Black British, Black African, Chinese, Gypsy, Irish Traveller, Indian, Pakistani, Bangladeshi, Arab, Asian*

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Do not wish to state

**DO YOU CONSIDER YOURSELF TO BE DISABLED?**

Yes  No  Do not wish to state

**ARE YOU MARRIED OR IN A CIVIL PARTNERSHIP?**

Yes  No  Do not wish to state

**WHAT IS YOUR SEXUAL ORIENTATION?**

Heterosexual/straight  Homosexual/gay  Bisexual  Do not wish to state

**WHAT IS YOUR RELIGION OR BELIEF?**

No religion  Buddhist  Christian  Hindu  Jewish  Muslim  Sikh

Any other religion  Do not wish to state

**ARE YOU PREGNANT?**

Yes  No  Not applicable

**DO YOU HAVE CARING RESPONSIBILITIES?**

No  Yes

***Thank you for completing this form.***