

APP DIVERSITY MONITORING FORM

The APP is committed to equality of opportunity and diversity. This form is kept separately from the rest of your application and is not seen by officers involved in processing your application. The content of this form is treated in strict confidence. The information provided will be used anonymously for statistical purposes and will be used in accordance with the Data Protection Act 1998. The information provided will not be used for any purpose other than analysis and reporting, in accordance with our duties under the Race Relations Amendment Act 2000.

Age:

Gender: Male Female

Ethnic origin: I am

- | | |
|--|--|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Asian/Asian British – Bangladeshi |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Asian/Asian British – Chinese |
| <input type="checkbox"/> White – Other: | <input type="checkbox"/> Asian/Asian British – Other: |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Black/African/Caribbean/Black British – African |
| <input type="checkbox"/> Mixed – White and Black African | <input type="checkbox"/> Black/African/Caribbean/Black British – Caribbean |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Black/African/Caribbean/Black British – Other: |
| <input type="checkbox"/> Mixed – Any other: | <input type="checkbox"/> Other ethnic group – Arab |
| <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Any other ethnic group: |
| <input type="checkbox"/> Asian/Asian British – Pakistani | |

DISABILITY – Please the box(es) from the list of statements below that is most appropriate to you.

- | | |
|--|---|
| <input type="checkbox"/> I do not have a disability | <input type="checkbox"/> I need personal care support |
| <input type="checkbox"/> I have dyslexia | <input type="checkbox"/> I have mental health difficulties |
| <input type="checkbox"/> I am a wheelchair user/have mobility difficulties | <input type="checkbox"/> I have an unseen disability
(e.g. diabetes, epilepsy/special needs) |
| <input type="checkbox"/> I am deaf/have a hearing impairment | <input type="checkbox"/> I have a disability that is not listed |
| <input type="checkbox"/> I am blind/partially sighted | <input type="checkbox"/> Other – Please provide details below |

Details:

Please complete this questionnaire over the page.

PARTNERSHIP STATUS – Please the box(es) from the list of statements below that is most appropriate to you. **This question is optional.**

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Never married / formed civil partnership | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married / in civil partnership | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widowed / surviving partner | |

SEXUAL ORIENTATION – Please the box(es) from the list of statements below that is most appropriate to you. **This question is optional.**

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Gay | |

RELIGION – Please the box(es) from the list of statements below that is most appropriate to you. **This question is optional.**

- | | |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |