**Leeds Gypsy and Traveller Exchange (GATE)**

# EQUALITY AND DIVERSITY MONITORING FORM

**This form will be separated from your application form prior to short-listing.**

GATE is committed to equal opportunities in employment and will assess applicants for jobs on merit without regard to race, colour, ethnic or national origin, religion, creed, age, sex, sexuality, HIV status, physical or mental disability and marital status.

This monitoring form will allow us to evaluate how successful our effectiveness as an Equal Opportunities employer has been, and will only be used for monitoring and statistical purposes and will be treated confidentially. The information directly relating to ensuring equality of opportunity for disabled people will be made available to the selection panel.

Post applied for: ………………………………………………. Date: ……………………….

Please tick as appropriate

**Gender Identity**

Which of the following options best describes how you think of yourself?

1. Woman (including trans woman)

2. Man (including trans man)

3. Non-binary

4. In another way

5. Prefer not to say

**Trans Status**

Is your gender identity the same as the gender you were given at birth?

1. Yes

2. No

3. Prefer not to say

**Age: Date of birth:**

16-25 [ ]

26-35 [ ]

36-45 [ ]

46-55 [ ]

56+ [ ]

**Sexual Orientation**

Which of the following options best describes how you think of yourself?

1. Heterosexual or Straight

2. Gay or Lesbian

3. Bisexual

4. Other sexual orientation not listed

U. Person asked and does not know or is not sure

Z. Not stated (person asked but declined to provide a response)

9. Not known (not recorded)

**Ethnicity**

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

|  |  |  |
| --- | --- | --- |
| **Asian/Asian British** | **Black/African/Caribbean/ Black British** | **Other ethnic group** |
| ☐Indian  ☐Pakistani  ☐Bangladeshi  ☐Chinese  ☐Any other Asian background | ☐Caribbean  ☐African  ☐Any other Black/African/Caribbean background | ☐Arab  ☐Any other ethnic group |
| **Mixed/multiple ethnic groups** | **White** | **Rather not say** |
| ☐White and Black Caribbean  ☐White and Black African  ☐White and Asian  ☐Any other mixed/multiple ethnic background | ☐English  ☐Northern Irish  ☐Scottish  ☐Welsh  ☐British  ☐Irish  ☐Gypsy  ☐Irish Traveller  ☐Any other White background | ☐Rather not say |

|  |
| --- |
| **Religion / belief**  Please state what you consider your religion or belief to be: |
| ☐No religion |
| ☐Buddhist |
| ☐Christian |
| ☐Hindu |
| ☐Jewish |
| ☐Muslim |
| ☐Sikh |
| ☐Atheist |
| ☐Any other religion |
| ☐Rather not say |

Please state where you saw the advertisement for this vacancy

……………………………………………………………………………………………………………………………………………….

**Disability**

We are concerned to ensure that disabled people are not unfairly treated when applying for jobs with the Project. In order that we can monitor how many disabled people are applying for jobs with us and to ensure that we have the necessary information to modify our recruitment and selection processes where necessary. To help recruiters decide if any reasonable adjustment will be required, **please answer the following questions**:

Do you consider yourself to be a disabled person/someone who has a disability?

Yes [ ] No [ ]

Does your impairment prevent you from meeting any of the working arrangements or duties of this post? If yes you are still encouraged to apply for the post. We may be able to make some changes to accommodate a disabled candidate who meets the essential criteria for the post. Please let us know if there is anything you think you would have difficulty with and why.

If you are invited for interview, would you require us to make any special arrangements, for example- arrange for an interpreter or signer to be present, ensure wheelchair access? If yes please give details.

If you do not require us to take any additional measures on your behalf please sign below to confirm this.

Signature ……………………..……………………….

|  |
| --- |
| **Carer Responsibility**  Do you look after, or give any help or support to family members, friends, neighbours or others because of either:   * Long-term physical or mental ill-health / disability * Problems related to old age   ☐Yes  ☐No  ☐Rather not say |
| If you selected yes, please indicate your caring responsibility (select all that apply) |
| ☐Primary carer of a child/children (under 18) |
| ☐Primary carer of disabled child/children |
| ☐Primary carer of disabled adult (18 and over) |
| ☐Primary carer of older person (65+) |
| ☐Secondary carer |
| ☐Rather not say |