# Equalities monitoring information form

Under the provisions of the Equality Act 2010, all NHS organisations are required to demonstrate that their processes are fair and that they are not discriminating against or disadvantaging anyone because of their age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation. Therefore a series of questions need to be asked to check who is applying for the Speaking Up support scheme and to ensure that no one is being unfairly discriminated against or disadvantaged.

In accordance with the Equality Act 2010, we ask you to complete an equalities monitoring information form so that we can ensure the scheme provides equal opportunities and does not discriminate. This equalities form will only be linked to your application form for analysis purposes. It will not be shared with the panel. Your application will not be affected if you decide not to share some or all of your equalities monitoring information.

**Please indicate your age range**

16-30 yrs [ ]  31-40 yrs [ ]  41-50 yrs [ ]  51-60 yrs [x]  60+ [ ]  Prefer not to say [x]

**Please indicate your gender**  Male [ ]  Female [ ]  Other [ ]  Prefer not to say [ ]

**Does your gender identity match your sex as registered at birth?**

Yes [ ]  No [ ]  Prefer not to say [ ]

**Please indicate your marital status**

Married [ ]  Single[ ]  Civil partnership [ ]  Legally separated [ ]  Divorced [ ]  Widowed [ ]  Prefer not to say [ ]

**Please indicate your ethnic origin**

White:

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

Any other white background [ ]

Mixed/multiple ethnic groups:

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

Any other mixed/multiple ethnic background [ ]

Asian/Asian British:

Indian [ ]  Pakistani [ ]  Bangladeshi [ ]  Chinese [ ]  Any other Asian background [ ]

Black/African/Caribbean/Black British:

African [ ]  Caribbean [ ]  Any other Black/African/Caribbean background [ ]

## Other ethnic group:

Arab [ ]

Any other ethnic group [ ]

Prefer not to say [ ]

**Please indicate your religion or belief**

Atheism [ ]  Buddhism [ ]  Christianity [ ]  Hinduism [ ]  Islam [ ]  Jainism [ ]  Judaism [ ]  Sikhism [ ]  Other [ ]  Prefer not to say [ ]

**Do you consider yourself to have a disability?**

Yes [ ]  No [ ]  Prefer not to say [ ]

Please tell us the type of disability you have (tick all that apply):

Physical impairment [ ]  Sensory impairment [ ]  Mental health condition [ ]  Learning disability/difficulty [ ]  Long-standing illness [ ]  Other [ ]

**Please indicate your sexual orientation**

Which of the following best describes how you think of yourself:

Heterosexual or straight [ ]  Gay or lesbian [ ]  Bisexual [ ]  Undecided [ ]

Other sexual orientation not listed [ ]  Prefer not to say [ ]