# 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  60+  Prefer not to say

**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