Post Title:WHC-CFR

This form will be detached from your application on receipt and will **not** be used as part of the selection process. Your application will not be affected in any way if you choose not to complete it. However we would strongly encourage you to do so, as the data can be very helpful in monitoring our success against our equality & diversity goals. Alternatively you might wish to send it to us in a separate envelope/separate email.

 Age Category 16-24  25-29  30-34  35-39  40-44 45-49 

 50-54  55-59  60-64  65+  Prefer not to say 

Gender Male  Female   Transgender  Prefer not to say 

Marital StatusMarried/Civil Partnership   Co-Habiting  Single 

 Prefer not to say  Widowed  Other 

Sexual OrientationHeterosexual/straight  Gay woman/lesbian  Gay man 

 Bisexual  Prefer not to say  Other 

Religion or beliefBuddhist  Christian  Hindu  Jewish  Muslim  Sikh 

 No Religion  Prefer not to say  Other 

National identityBritish  Prefer not to say  Other 

Ethnicity

This category is about your ethnic origin, which could but does necessarily include nationality, place of birth or citizenship. Please tick the appropriate box or specify another if you wish.

White English  Welsh  Scottish  Northern Irish  Irish 

 Gypsy/Traveller  Prefer not to say  Other White background 

Asian/Asian British Indian  Pakistani  Bangladeshi  Chinese 

Prefer not to say  Other Asian background 

Black/ Black BritishAfrican  Caribbean  Prefer not to say 

 Other Black/African/Caribbean background 

Multiple Ethnicity White & Black Caribbean  White &Black African  White and Asian 

Prefer not to say  Other mixed ethnicity 

Other ethnic group

Disability

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider yourself to have a disability under the Equality Act 2010?

Yes   No  Unsure  Prefer not to say 

If **yes**; please describe the nature of it either by selecting one or more of the categories below, or describing in your own words:

 Physical impairment or condition that affects your mobility (e.g. by requiring you to use a wheelchair, or affecting bodily movement)

 Sensory impairment (e.g. blindness/serious visual impairment, or deafness/ serious hearing impairment)

 Mental health condition, such as depression or schizophrenia

 Learning disability or cognitive impairment such as dyslexia or autism

 Long standing illness/ health condition (e.g. cancer, HIV, diabetes, heart disease, epilepsy

 etc.)

 Other (please describe in your own words)

Thank you.

By completing this form you have helped us better understand how we as an employer can ensure equality of opportunity for all.