### Private & Confidential

We are striving to create an organisation that reflects our society and the communities we serve. A workplace where everyone feels empowered and where diversity of background and thought is celebrated. We know there is more work to be done and are committed to continuing to improve our practice around Equality, Diversity, and Inclusion.

Personal information including gender, ethnicity and age is collected by Centre for Ageing Better for monitoring purposes only and will not be used in any decisions affecting you. This page is an optional part of our application process that will help us further analyse applications based on the demographic data you provide us with. The responses that you do give will assist us greatly in our commitment to Equality Diversity and Inclusion and will be kept strictly confidential.

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| --- | --- | --- |
| **1. Gender** | Male | Intersex |
| Female | Non binary |
|  | Prefer not to say |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Age Range** | 18-24  25-29  30-34 | 35-39  40-49  50-54 | 55 - 59  60-64  65+ |
| **3. Nationality and Ethnic Origin** | Please mark ‘X’ in only ONE box in this column  **Asian**  Bangladeshi  Indian  Pakistani  Chinese  Any other Asian background (please specify)  **Black or Black British**  African  Caribbean  Any other Black background (please specify)  **White**  British  Irish  Other  **Mixed**  White & Black Caribbean  White & Black African  White & Asian  Other  **Any other Ethnic Background**  Any other Ethnic Background (please specify) | | |

|  |  |  |
| --- | --- | --- |
| **4. Marital Status** | Single | Civil Partnership |
| Married | Co-habiting |

|  |  |  |
| --- | --- | --- |
| **5. Sexual Orientation** | Heterosexual | Bisexual |
| Gay or Lesbian | Prefer not to say |

|  |  |  |
| --- | --- | --- |
| **6. Disability** | Do you consider yourself to be disabled under the Disability Discrimination Act?  *(The Disability Discrimination Act (1995) defines disability as “a physical or mental impairment which has a substantial and adverse effect on a person’s ability to carry out day to day activities”.)* | Yes  No |
| If yes, what is the nature of your disability? *(optional)(please state)* | |

|  |  |  |
| --- | --- | --- |
| **7. Religious Belief** | Buddhist  Christian  Christian Catholic  Hindu  Jewish | Muslim  Non-religious (atheist, Humanist etc.)  Sikh  Prefer not to say  Other: |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Caring role** | Do you regard yourself as being a carer and having carer’s responsibilities?  (The purpose of asking for this information is that we ensure best working practices for our staff) | | |
| Yes | No | Prefer not to say |