# Equality and Diversity Monitoring Form

Mind in Kingston wants to meet the aims and commitments set out in its Equality and Diversity and Equal Opportunities policies. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

We would appreciate it if you could take a few minutes to complete this form to help us with our monitoring. Please note this is voluntary.

This form will not collect any personal data and be kept separate from any application documents.

Please send your completed form to Rianne Eimers at [rianne@mindinkingston.org.uk](mailto:rianne@mindinkingston.org.uk).

**Gender** Man 🗆 Woman 🗆 Intersex 🗆 Non-binary 🗆 Prefer not to say

🗆 If you prefer to use your own term, please specify here:

**Are you married or in a civil partnership?** Yes 🗆 No 🗆 Prefer not to say 🗆

**Age** 16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆 45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆 Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box.

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆 Prefer not to say 🗆

Any other white background, please specify here:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆

Any other mixed background, please specify here:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please specify here:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean background, please specify here:

***Other ethnic group***

Arab 🗆 Prefer not to say 🗆

Any other ethnic group, please specify here:

**Do you consider yourself to have a disability or health condition?**

Yes🗆 No 🗆 Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please specify here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Heterosexual 🗆 Gay 🗆 Lesbian 🗆 Bisexual 🗆

Prefer not to say 🗆

If you prefer to use your own term, please specify here:

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆 Jewish 🗆

Muslim 🗆 Sikh 🗆 Prefer not to say 🗆

If other religion or belief, please specify here:

**What is your current working pattern?**

Full-time 🗆 Part-time 🗆 Prefer not to say 🗆

**What is your flexible working arrangement?**

None 🗆 Flexitime 🗆 Staggered hours 🗆 Term-time hours 🗆

Annualised hours 🗆 Job-share 🗆 Flexible shifts 🗆 Compressed hours 🗆

Homeworking 🗆 Hybrid Working 🗆 Prefer not to say 🗆

If other, please specify here:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 🗆 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 🗆

Secondary carer (another person carries out the main caring role) 🗆

Prefer not to say 🗆

Thank you for your time and for completing this form.