# **Onboarding Equality and Diversity Monitoring Form**

Mind in Croydon wants to meet the aims and commitments set out in its Equality and Diversity Policy. 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.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes. The data will be stored confidentially and only numbers will be shared for reporting purposes.

If you have any questions about the form, contact HR Manager. Please return the completed form to: hr@mindincroydon.org.uk

**Gender**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Female |  |  | Male |  |  | Non-Binary |  |
| If you prefer to use your own gender identity, please write it in: |  |

**Is the gender you identify with the same as your gender registered at birth?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Prefer not to say |  |

**Pronoun**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| What is your preferred pronoun? |  |  | Prefer not to say |  |

**Marital/Civil Partnership Status**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Married |  |  | Civil Partnership |  |  | Single |  |  | Other |  |  | 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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Asian or Asian British** |  |  | **Mixed or Multiple Ethnic groups** |  |  | **White** |  |
| Indian |  |  |  |  | English |  |
| Pakistani |  |  | White and Black Caribbean |  |  | Welsh |  |
| Bangladeshi |  |  | White and Black African |  |  | Scottish |  |
| Chinese |  |  | White and Asian |  |  | Northern Irish |  |
| Prefer not to say |  |  | White and Black British |  |  | Irish |  |
| Any other Asian background |  |  | Prefer not to say |  |  | British |  |
|  |  |  | Any other Mixed background |  |  | Gypsy or Irish Traveller |  |
|  |  |  |  |  |  | Prefer not to say |  |
|  |  | Any other White background |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Black, African, Caribbean, or Black British** |  |  | **Other ethnic group** |  |  |  |  |
| Black Caribbean |  |  | Arab |  |  |  |  |
| Black African |  |  | Prefer not to say |  |  |  |  |
| Black British |  |  | Any other ethnic background |  |  |  |  |
| Prefer not to say |  |  |  |  |
| Any other Black background |  |  |  |  |
|  |  |  |  |  |

**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 work? Please write in 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?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bisexual |  |  | Gay Man |  |  | Gay Woman/Lesbian |  |  | Heterosexual / Straight |  |
| Prefer not to say |  |  | If you prefer to use your own sexual orientation, please write it in: |  |

**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 write in: |  |

**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 a disabled adult (18 and over) |  |
| Primary carer of an older person |  |
| Secondary carer (another person carries out the main caring role) |  |
| Prefer not to say |  |

***We would like to thank you for completing this form***