Equality and diversity monitoring form

*[This form is based on an example provided on the ACAS website]*

The M25 Consortium wishes to encourage equality and diversity across its community. We seek to avoid discriminating under the Equality Act 2010. The Consortium needs your help and

co-operation to enable us to do this, but filling in this form for monitoring purposes is voluntary. The information you provide will stay confidential, will be stored securely, and access will be limited to employees in the M25 office and the awarding panel only. Only anonymised information will be kept on file once the bursary has been awarded.

Please include this form with your bursary application.

|  |
| --- |
| **Gender** Male ☐ Female ☐ Prefer not to say ☐ If you prefer to use your own term please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| **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☐   ***Mixed/multiple ethnic groups***  White and Black Caribbean☐ White and Black African☐ White and Asian☐  Prefer not to say☐  Any other mixed background, please write in:      ***Asian/Asian British***  Indian☐ Pakistani☐ Bangladeshi☐ Chinese☐  Prefer not to say☐          Any other Asian background, please write in:    ***Black/African/Caribbean/Black British***  African☐ Caribbean☐ Prefer not to say☐  Any other Black / African / Caribbean background, please write in:   ***Other ethnic group***  Arab☐ Prefer not to say☐           Any other ethnic group, please write in:    |
| ***Do you consider yourself to have a disability or health condition?***   Yes☐ No☐ Prefer not to say☐  The information in this form is for monitoring purposes only. Please talk to your mentor or mentee about any reasonable adjustments that might be needed in your work together to enable you to contribute most effectively to the mentoring partnership.   |
| ***What is your sexual orientation?***  Heterosexual☐ Gay woman/lesbian☐ Gay man☐ Bisexual☐  Prefer not to say☐ If other, please write 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 disabled adult (18 and over)☐         Primary carer of older person☐          Secondary carer (another person carries out the main caring role)☐   Prefer not to say☐    |