



Monitoring form

Please select the boxes which are relevant to you

We hope that you will feel able to complete this monitoring form.

It is essential that the NHS, social care and other planners and practitioners give all sections of their communities an equal opportunity to benefit from health and social care services. By collecting information it will help us see which groups are represented in the application process and monitor the impact of our recruitment to these voluntary positions.

The information you provide will only be used for these purposes. We detach the equalities monitoring information from your CV and covering letter. The anonymised information is only used for statistical reporting.

Declaration: Please confirm that you are a permanent resident in Leicester, Leicestershire or Rutland.

Ethnicity

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Asian/Asian British	Black/African/Caribbean/	Other ethnic group
	Black British	

Indian Caribbean Arab

Pakistani African Any other ethnic group

Any other Black/

Bangladeshi African/Caribbean

background Chinese

Any other Asian background

Mixed/multiple White ethnic groups

White and Black
Caribbean

English

Irish

White and Black
African

Northern Irish

Gypsy/Irish traveller

White and Asian Scottish Any other White background

Any other mixed/
multiple ethnic

Welsh

Rather not say

background

British Rather not say

Age

10 - 14 25 - 34 55 - 64

15 - 19 35 - 44 65+

20 - 24 45 - 54 Rather not say

Sex

| Sexual orientation

Male (M) Heterosexual

Female (F) Gay man

Rather not say Lesbian

Bisexual

Other

Rather not say

Gender re-assignment

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery).

Yes

No

Rather not say

Religion/belief

No religion Jewish Any other religion

Buddhist Muslim Rather not say

Christian Sikh

Hindu Atheist

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on ones ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes, limited a lot Yes, limited a little

No Rather not say

If you selected yes, please indicate your disability:

Vision (e.g. blindness or partial sight)

Hearing (e.g. deafness or partial hearing)

Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)

Learning, concentrating or remembering

Mental health

Stamina or breathing difficulty

Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)

Other impairment

Prefer not to say

Carer responsibility

Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental ill-health / disability
- · Problems related to old age disabilities.

Yes

No

Rather not say

If you selected yes, please indicate your caring responsibility (select all that apply)

Primary carer of a child/children Primary carer of older person

(under 18) (65+)

Primary carer of disabled child/
Secondary carer

children

Primary carer of disabled adult (18 and over) Rather not say

Relationship status What is your relationship status?

Married	Widowed	Live with partner
Separated	Divorced	Other
Single	Civil partnership	Rather not say