



Equality and Diversity Monitoring Form

The Association is committed to the provision of equal opportunities in jobs and in housing, and that no Member, employee, tenant or potential customer shall suffer discrimination due to age, race, gender or gender reassignment, pregnancy or maternity, sexual orientation, religion or belief or disability.

The Association asks for your help in promoting this policy by completing this form.

The information given will be treated with the strictest confidence.

Would you please tick (✓) the appropriate boxes.

Applicant No. [Click here to enter text.](#)

Age: 16-24 25-34 35-44 45-54 55-64 65+

Gender: Male Female Prefer not to say

Gender Identity: If you identify as transsexual, transgender (in that you have effected a permanent change of gender identity) or as intersex which group do you identify with? Transsexual Transgender Intersex

Ethnic Origin: Please tick against one of the following:

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background

Please specify below if you wish

Black or Black British

- African
- Caribbean
- Any other Black background

Please specify below if you wish

Chinese or Ethnic Group

- Chinese
- Prefer not to say

Mixed

- Black and White Caribbean
- Black and White African
- Asian and White
- Any other mixed background

Please specify below if you wish

White

- British
- English
- Any other mixed background

Please specify below if you wish

- Any other
- Please specify below if you wish

Disability: Please tick against one of the following:

Do you consider yourself to have a disability under the Equality Act 2010. In the Act, a person has a disability if:

- They have a physical or mental impairment.
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities.

For the purposes of the Act, these words have the following meanings:

- 'Substantial' means more than minor or trivial.
- 'Long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions).
- 'Normal day-to-day activities' include everyday things like eating, washing, walking and going shopping.

Yes

No

Prefer not to say

Please describe the nature of your disability and if you require any reasonable adjustments during or after the selection process.

[Click here to enter text.](#)

This information is provided for monitoring purposes only.

Religion or Belief: Please tick against one of the following:

No religion

Jewish

Baha'i

Muslim

Buddhist

Sikh

Christian

Other

Hindu

Please specify below if you wish

Jain

Prefer not to say

Sexual Orientation: Please tick against one of the following:

Bisexual

Gay Man/Homosexual

Gay Woman/Lesbian

Heterosexual/straight

Prefer not to say

Thank you for completing this form

Reviewed: August 2018