

Gender

1.

Equality & Diversity Monitoring Form

This form is confidential, it is not seen by the shortlisting panel and used only for the purpose of monitoring our recruitment.

Name of job you are applying for:

What best of	describes your g	ender?	
☐ Male	☐ Female	☐ Non-binar	y Prefer not to say
Prefer to sel	f describe:		
Is your gen	der identity the s	ame as you wei	e assigned at birth?
Yes	☐ No ☐ Prefer not to say		
2. Age			
How old are	you?		
<u> </u>		26-35	□ 36-45
☐ 46-55		56-65	□ 66 +
☐ Prefer no	t to say		
3. Marit	al Status		
Are you:			
Single	☐ Marrie	ed	☐ Cohabiting
☐ Prefer no	t to say		
Other:			

4. Ethnicity

White	Mixed Heritage
British	☐ Black Caribbean and White
☐ English	☐ Black African and White
☐ Scottish	☐ Asian and White
Welsh	☐ Any Other Mixed Background
☐ Irish	
☐ Gypsy/Traveller	
☐ Any Other White Background	
Asian, Asian British, Asian English,	Black, Black British, Black, English,
Asian Scottish, Asian Welsh	Black Scottish, Black Welsh
	Black Scottish, Black Welsh Caribbean
Asian Scottish, Asian Welsh	<u> </u>
Asian Scottish, Asian Welsh Indian	☐ Caribbean
Asian Scottish, Asian Welsh Indian Pakistani	☐ Caribbean ☐ African
Asian Scottish, Asian Welsh Indian Pakistani Bangladeshi	☐ Caribbean ☐ African
Asian Scottish, Asian Welsh Indian Pakistani Bangladeshi Any Other Asian Background Chinese, Chinese British, Chinese	☐ Caribbean ☐ African
Asian Scottish, Asian Welsh Indian Pakistani Bangladeshi Any Other Asian Background	☐ Caribbean☐ African☐ Any Other Black background
Asian Scottish, Asian Welsh Indian Pakistani Bangladeshi Any Other Asian Background Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese	☐ Caribbean☐ African☐ Any Other Black background Other ethnic background

By disability we m	ean:						
A long term physical or mental impairment (such as a physical or learning disability, sensory impairment, mental health issues, health conditions controlled by medication/equipment or a progressive illness) that has a long term adverse effect on your ability to carry out normal day to day activities?							
Do you consider	yourself disabled	?					
Yes	□ No □	Prefer not to sa	ay				
Sexual Orientation	on						
How would you describe your sexual orientation?							
Heterosexual	Bisexu	al 🔲 G	Say Man				
☐ Lesbian / Gay \	Woman ☐ Prefer	not to say					
Prefer to self desc	cribe:						
5. Religion and Belief							
	list of religions mos	-		•			
What is your relig	gion or belief?						
Christian	Buddhist	Hindu	Jewish	Muslim			
Sikh	None	☐ Prefer n	ot to say				
Other (please spe	cify):						
8. What is yo	ur first language?						
☐ English	☐ Welsh	☐ Other, p	lease specify				

4.

Disability

Where did you see the post advertised?					
☐ LDW website	LDW Facebook	☐ Twitter			
Other, please specify:					
Thank you for you	r interest in working for Lo	earning Disability Wales			