

## Equality & Diversity Monitoring

Public Interest Law Centre wants to meet the aims and commitments set out in its equality 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.

For office use only	
Ref	
Date	

**Please let us know if you would prefer this form in an alternative format.**

Please return the completed form in the envelope marked 'Strictly confidential' to the Operations Manager, Public Interest Law Centre, 244-254 Cambridge Heath Road, London E2 9DA

Please tick one box only

### Sex

Man  Woman  Intersex   
Non-binary  Prefer not to say

If you prefer to use your own term, please specify here: \_\_\_\_\_

### Are you married or in a civil partnership?

Yes  No  Prefer not to say

### 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

Any other white background, please write in: \_\_\_\_\_

#### 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 

What is the effect or impact of your disability or health condition on your ability to give your best at 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?**Heterosexual  Gay  Lesbian   
Bisexual  Prefer not to say 

If you prefer to use your own term, please specify here \_\_\_\_\_

**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: \_\_\_\_\_

**What is your current working pattern? If known at the time of completing this form**Full-time  Part-time  Prefer not to say **What is your flexible working arrangement?**None  Flexi-time  Staggered hours   
Term-time hours  Annualised hours  Job-share   
Flexible shifts  Compressed hours  Homeworking   
Prefer not to say  If other, 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