

Being There 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. The information provided will be kept confidential and will be used for monitoring purposes only.

Please return the completed form to

Sex and gender identity

What is your sex?

Female \Box Male \Box Prefer not to say \Box

Is the gender you identify with the same as your sex registered at birth?

Yes \Box No \Box Prefer not to say \Box

If the gender you identify with is not the same as your sex registered at birth, please write in:

Age					
16-24 🗆	25-29 🗆	30-34 🗆	35-39	40-44 🗆	45-49 🗆
50-54 🗆	55-59 🗆	60-64 🗆	65+	Prefer not to sa	ay 🗆

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

Asian or Asian British

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆	Indian 🗆	Pakistani 🗆	Bangladeshi 🗆	Chinese 🗆	Prefer not to say \Box
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Any other Asian background, please write in:

Black, African, Caribbean or Black British

	being there life limiting illness support				
African 🗆	Caribbean 🗆 Prefer not to say 🗆				
Any other I	Black, African or Caribbean background, please write in:				
Mixed or M	ultiple ethnic groups				
White and Black Caribbean $\hfill \hfill \h$					
Any other	Mixed or Multiple ethnic background, please write in:				
White					
English 🗆	Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆				
British 🗆	Gypsy or Irish Traveller \Box Prefer not to say \Box				
Any other \	White background, please write in:				
Other ethn	ic group				
Arab 🗆	Prefer not to say \Box Any other ethnic group, please write in:				

Do you consider yourself to have a disability or health condition?

Yes \Box No \Box Prefer not to say \Box

What is the effect or impact of your disability or health condition on your 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 \Box Bisexual \Box Asexual \Box Pansexual 🗆 Undecided Prefer not to say \Box If you prefer to use your own identity, 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: What is your working pattern? Full-time Part-time Prefer not to say Do you have caring responsibilities? If yes, please tick all that apply None 🗆 Primary carer of a child/children (under 18) \Box Primary carer of disabled child/children \Box Primary carer of disabled adult (18 and over) \Box Primary carer of older person \Box Secondary carer (another person carries out the main caring role) \Box

Prefer not to say $\,\Box\,$