**Equality Monitoring Form**

ARB is committed to promoting equality and diversity in every aspect of our work.

We aim to ensure that our services and policies are free from any form of discrimination

and are fair to all, irrespective of race, age, gender, disability, sexual orientation,

gender reassignment, religion or belief.

|  |  |
| --- | --- |
| Age | 🞏 Under 18 🞏18-34 🞏 35-50 🞏 51-65 🞏 Over 65 🞏 Prefer not to say |
| Gender | 🞏 Male 🞏 Female 🞏 Prefer not to say |

|  |  |  |
| --- | --- | --- |
| I would describe my ethnic origin as: | | |
| Asian or Asian British  🞏 Bangladeshi  🞏 Indian  🞏 Pakistani  🞏 Any other Asian background  Black or Black British  🞏 African  🞏 Caribbean  🞏 Any other Black background | Mixed  🞏 White & Asian  🞏 White and Black African  🞏 White and Black Caribbean  🞏 Any other mixed background  White  🞏 British  (Scottish/English/Welsh)  🞏 Irish  🞏 Any other White background | Other Ethnic Group  🞏 Chinese  🞏 Any other ethnic group  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Prefer not to say |

|  |  |
| --- | --- |
| Please select the option which best describes your sexuality | |
| 🞏 Lesbian  🞏 Gay  🞏 Bisexual | 🞏 Heterosexual  🞏 Prefer not to say |

|  |  |  |
| --- | --- | --- |
| Please indicate your religion or belief | | |
| 🞏 Atheist  🞏 Buddhist  🞏 Christian (all Christian denominations) | 🞏 Muslim  🞏 Sikh  🞏 Hindu | 🞏 Jewish  🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_  🞏 Non-religious  🞏 Prefer not to say |

|  |  |
| --- | --- |
| Do you consider yourself to have a disability?  By disability, we mean any impairment that has a substantial and long-term effect on your ability to carry out normal day-to-day duties | 🞏 Yes  🞏 No  🞏 Prefer not to say |

|  |  |
| --- | --- |
| For office use only | Number. |