Equality & Diversity Monitoring Form

Why are we asking you to complete this form?

Letchworth Heritage Foundation is committed to ensuring that it is accessible to everyone regardless of gender, ethnic or nationality, disability, religion, sexual orientation, gender reassignment, socioeconomic background or age. We aim to foster an environment free from harassment, unfair and unlawful discrimination where everyone is treated fairly. We gather and analyse diversity data to assess the extent to which we are achieving our diversity and inclusion aims. We use this information to review our processes to ensure they are fair and transparent, and do not have an adverse impact on any particular group.

All information provided will be treated as strictly confidential in accordance the Foundation’s Privacy Notice in line with the General Data Protection Regulations (GDPR) 2018. The information will only be used for statistical purposes only with access restricted to colleagues involved in processing and monitoring the data. It will not be seen by anyone involved in any decision making during selection processes. No information will be published or used in any way that allows individuals to be identified.

We recognise that some people may regard this information as private and have therefore included the option of ‘prefer not to say’ in all categories. You do not have to complete the form but it will help us improve our processes if you can complete as much as possible.

If you have any questions about the form contact jo.walker@letchworth.com

Please return the completed form to jo.walker@letchworth.com

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**Gender**

* Male
* Female
* Intersex
* Non-binary
* Prefer not to say
* Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Yes
* No
* Prefer not to say

**Age**

* School age
* 18-24
* 25-34
* 35-44
* 45-54
* 55-64
* 65+

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**Ethnicity**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you belong.

Asian or Asian British

* Bangladeshi
* Indian
* Pakistani
* Chinese
* Prefer not to say
* Other Asian background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Black, African, Caribbean or Black British

* African
* Caribbean
* Prefer not to say
* Other Black background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Mixed or multiple ethnic groups

* White and Black Caribbean
* White and Black African
* White and Asian
* Prefer not to say
* Other Mixed or Multiple ethnic background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

White

* English
* Welsh
* Scottish
* Northern Irish
* Irish
* British
* Prefer not to say
* Other White background (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Other ethnic group

* Arab
* Prefer not to say
* Other ethnic group (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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**Disability or health condition**

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 work?

Do you require any reasonable adjustments either temporarily or permanently to support you to undertake the role that you have been appointed to?

* No, I do not require any adjustments
* Yes, I will discuss these with my line manager and HR

**What is your sexual orientation?**

* Heterosexual
* Gay
* Lesbian
* Bisexual
* Asexual
* Pansexual
* Undecided
* Prefer not to say
* If you prefer to use your own identity please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What is your religion or belief?**

* No religion or belief
* Buddhist
* Christian
* Hindu
* Jewish
* Muslim
* Sikh
* Prefer not to say
* Other (Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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**What is your working pattern?**

* Full-time
* Part-time
* Prefer not to say

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**What is your working arrangement?**

* None
* Flexible shifts
* Homeworking
* Hybrid working
* Prefer not to say
* If other please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you have any caring responsibilities? If yes please tick all that apply to**

* None
* Primary carer of a child/children under 18
* Primary carer of a disabled child/children
* Primary carer of a disabled adult
* Primary carer of an older person
* Prefer not to say

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**Where/how did you learn about the vacancy for the role that you have been appointed to?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What encouraged you to apply for the vacancy?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Your consent**

I hereby give my consent for the monitoring information provided on this form to be held on the computer or other relevant filing systems in the understanding that it will only be used for statistical purposes and handled in compliance with the General Data Protection Regulations 2018.

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check this box if you are filling in this form electronically to show that you read the declaration above