

Preston Ribble Circuit Equality and Diversity Monitoring Form

Information for the Applicant

The *Preston Ribble Circuit* - aims to have a workforce that reflects the diversity of talent, abilities and skills of our communities. This means that in line with the Equality Act 2010, we will monitor the composition of our workforce to ensure that it is representative and that all staff is treated equally and fairly.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes.

There is no obligation on you to provide information. All applicants will be treated the same whether or not they provide this information. Thank you for your assistance.

The information you provide will be held in the strictest confidence and adhere to the provisions of the Data Protection Act 2018. The *Preston Ribble Circuit* is committed to protecting the privacy and security of your personal data.

For further information please refer to our Privacy Notice which can be viewed here:
[TMCP Privacy Notice - Trustees for Methodist Church Purposes](#)

Name (optional):	
Job Ref:	n/a
Post applied for :	Community Inclusion Worker

Age
Please state your age (number of years):

Gender Identity			
What is your gender identity?			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non binary	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> I prefer to describe my gender in another way. <i>Please state your preferred self-description of your gender here:</i>			
Is your gender identity the same as assigned to you at birth? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say			

Ethnicity

I would describe myself as:

<i>Asian or Asian British</i>	<input type="checkbox"/>	Bangladeshi	<i>Black or Black British</i>	<input type="checkbox"/>	African
	<input type="checkbox"/>	Indian		<input type="checkbox"/>	Caribbean
	<input type="checkbox"/>	Pakistani		<input type="checkbox"/>	Black British
	<input type="checkbox"/>	Chinese		Any other Black/African/Caribbean background, please describe:	
	<input type="checkbox"/>	Any other Asian background, please describe:		<i>Mixed/ Multiple Ethnic Groups</i>	<input type="checkbox"/>
			<input type="checkbox"/>		White & Black African
		<input type="checkbox"/>	White & Black Caribbean		
		Any other Mixed/ Multiple ethnic background, please describe:			
<i>White</i>	<input type="checkbox"/>	British	<i>Other ethnic group</i>	<input type="checkbox"/>	Arab
	<input type="checkbox"/>	Irish		Any other ethnic group, please describe:	
	<input type="checkbox"/>	Gypsy or Irish Traveller			
	Any other White background, please describe:				

Please tick this box if the category in which you would closely associate yourself is not given above, and optionally, also tell us how you would describe yourself:

Nationality

Country of origin/Nationality/Country you most associate yourself with.

I would describe my nationality as:

Religion or Belief

Which category best describes your religion or belief?

<input type="checkbox"/> Baha'i	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish
<input type="checkbox"/> No	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Jain	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Other (please specify)				

Sexual Orientation:

Which of the following options best describes your sexual orientation?

 Heterosexual/Straight

 Bisexual

 Prefer not to say

 Gay man

 Gay woman/ lesbian

 If other, please specify:
Disability:

The Equality Act 2010 defines disability as *"a physical or mental impairment which has a substantial & long term effect on a person's ability to carry out normal day to day activities"*.

An effect is long-term if it has lasted, or is likely to last, over 12 months.

Do you consider that you have a disability under the Equality Act definition?

 Yes*

 No

 Prefer not to say

***If Yes**, please indicate the nature of your disability below:-

Mobility/Manual Dexterity	<input type="checkbox"/>	Mental Health /	<input type="checkbox"/>
Long-term medical condition or illness	<input type="checkbox"/>	Cognitive Impairment	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Hearing Impairment	<input type="checkbox"/>		
<input type="checkbox"/> Please tick this box if the category in which you would closely associate yourself is not given above, and optionally also tell us how you would describe yourself:			

***If Yes**, please advise of any reasonable adjustments you require for the purposes of the recruitment exercise:

Thank you for assisting us by completing the Questionnaire

Important information for the Church, Circuit or District's Recruitment Administrator:

The information on this form is collected for the purpose of recruitment monitoring and is confidential. Please detach this form from the application form (if used) as it **MUST NOT** be shared with the recruitment panel.

Last Date Modified: July 2022