# Health Innovation East equality and diversity monitoring form

# We are committed to the principles set out under the Equality Act 2010 and our aim

# is to have a workforce which is truly representative of all sections of society.

# We would ask for your help and co-operation in completing this form to enable us to build an

# accurate picture of the diversity of those individuals applying for jobs with us. The completion

# of this form is entirely optional and there are no consequences for your application

# if you choose not to provide such information. It will not be seen by anyone involved in

# shortlisting applicants for interview, or anyone involved in the interview itself. The information

# provided will be kept confidential and will be used for monitoring purposes only.

**Gender** Male  Female  Intersex  Non-binary  Prefer not to say 

If you prefer to use your own gender identity, 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 say 

**What is your ethnicity?**

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say  Any other White background, please write in:

***Other ethnic group***

Arab  Middle Eastern  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 

If you ticked yes, please state the impairment(s) which apply to you:

Physical Impairment  Sensory Impairment  Mental Health Condition  Learning Disability/Difficulty  Long-Standing illness  Other, please write in:

If you believe you need a ‘reasonable adjustment’, then please discuss this with the manager running this recruitment process.

**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 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 current marital status?**

Married  Single  Divorced  Civil Partnership  Widow  Prefer not to say 

**What is your current working pattern? Please tick all that apply**

Full-time  Part-time  Flexitime 

Homeworking  Prefer not to say 

**Caring responsibilities? Please tick all that apply**

None  Primary carer  Secondary carer (another person carries out the main caring role)  Prefer not to say 

**Thank you for taking the time to complete this form**

*This document was developed by the Health Innovation East EDI group and approved by the senior management team on 27/06/22*