**Diversity Monitoring Form**

The Food Chain operates an Equality, diversity and Inclusion policy.

To help us monitor its effectiveness, please complete this section.

**The information on this sheet will be separated from your application as soon as it is received. It will not be passed on to anyone involved in short-listing or appointment to this post.**

**Name:**

**Job applied for:**

|  |  |
| --- | --- |
| Gender |  |
| Man |  |
| Non-binary |  |
| Woman |  |
| Prefer not to say |  |
| If you describe your gender with another term, please provide this here: |  |

|  |  |
| --- | --- |
| Trans identity |  |
| Are you trans or do you have a trans identity? | |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Sexual orientation |  |
| Ace |  |
| Non-binary |  |
| Bi |  |
| Gay or lesbian |  |
| Heterosexual/Straight |  |
| Prefer not to say |  |
| If you describe your sexual identity with another term, please provide this here |  |
|  |  |
| What is your age? |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-65 |  |
| 65+ |  |
| Prefer not to say |  |
|  |  |
| **Ethnicity** |  |
| Asian or Asian British |  |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian background |  |
| **Black, Black British, Caribbean or African** |  |
| Caribbean |  |
| African |  |
| Any other Black, Black British or Caribbean background |  |
| **Mixed or multiple ethnic groups** |  |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other mixed or multiple ethnic background |  |
| **White** |  |
| English, Welsh. Scottish, Northern Irish or British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Roma |  |
| Any other White background |  |
| **Other ethnic group** |  |
| Arab |  |
| Any other ethnic group |  |
| **Prefer not to say** |  |

|  |  |
| --- | --- |
| Religion or belief |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Non-religious |  |
| Prefer not to say |  |
| If you prefer to use your own term please provide this here |  |

|  |  |
| --- | --- |
| Disability |  |
| Do you consider yourself to be disabled? | |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Do you have caring responsibilities? |  |
| None |  |
| Primary carer of a child/children  (under 18) |  |
| Primary carer of disabled child/children |  |
| Primary carer of disabled adult  (18 and over) |  |
| Primary carer of an older person |  |
| Secondary carer (another person carries out the main caring role) |  |
| Prefer not to say |  |