**DIAL believes in Equal Opportunities and Diversity**

We want to make sure that we are an equal opportunities employer in practice, which is why we want to monitor our recruitment procedures to eliminate discrimination and encourage diversity amongst our workforce.

The information you provide on this form will be used for monitoring purposes only and it will not form part of the selection process.

**Please tick or write in the grey boxes that apply to you:**

| **What gender do you identify as?** | | | |
| --- | --- | --- | --- |
| Man |  | Woman |  |
| Non-binary |  | Prefer not to say |  |
| If you prefer to use your own term, please specify | | |  |
| If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender | | | |

| **What age group do you belong to?** | | | | | |
| --- | --- | --- | --- | --- | --- |
| 18-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | Over 55 |  | Prefer not to say |  |

| **How do you describe your sexuality?** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Bi-sexual |  | Prefer not to say |  |
| Gay/Lesbian |  | Other | |  | |

| **Do you consider yourself to have a disability?** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

| **Do you consider that you have a long-term health problem?** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

| **Do you have caring responsibilities?** | |
| --- | --- |
| Primary carer of a child/children under 18 |  |
| Primary carer of a child/children |  |
| Primary carer of a disabled adult 18 and over |  |
| Primary carer of an older person |  |
| Secondary carer (another person carries out the main role) |  |
| Prefer not to say |  |

| **How would you describe your religion or beliefs?** | | | |
| --- | --- | --- | --- |
| My religion is |  | | |
| I have no religion |  | Prefer not to say |  |

| **How would you describe your ethnicity?** |
| --- |
| Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box |

| **White** | | | | | |
| --- | --- | --- | --- | --- | --- |
| English |  | Welsh |  | Scottish |  |
| Irish |  | North Irish |  | Gypsy, Traveller |  |
| Other |  | | | | |

| **Mixed/multiple ethnic groups** | | | | |
| --- | --- | --- | --- | --- |
| White and Black Caribbean |  | White and Black African | |  |
| White and Asian |  | Other |  | |

| **Asian/Asian British** | | | | | |
| --- | --- | --- | --- | --- | --- |
| Indian |  | Pakistani |  | Bangladeshi |  |
| Chinese |  | Other |  | | |

| **Black/African/Caribbean/Black British** | | | |
| --- | --- | --- | --- |
| African |  | Caribbean |  |
| Other |  | | |

| **Other ethnic group** | | | |
| --- | --- | --- | --- |
| Arab |  | Other ethnic group |  |

| **Undisclosed** | |
| --- | --- |
| I do not wish to disclose my ethnic origin |  |