

Equality and diversity monitoring form

Under the Equality Act 2010 (the Equality Act) individuals with a protected characteristic are protected from discrimination - the nine protected characteristics are:

- 1 Age 2 Disability 3 Gender reassignment 4 Marriage and civil partnership
5 Pregnancy and maternity 6 Race 7 Religion or belief 8 Sex 9 Sexual orientation

Færfield Ltd operates an equal opportunity policy and is committed to treating all of our candidates and jobseekers fairly and in line with our obligations under the Equality Act. To help us monitor the effectiveness of this policy, please complete this form and return it with your application form. This form is anonymous, and we will keep it separate to your application form and will not be able to trace this information back to you.

Head office:
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1 Ethnic category

The following categories are based on those used in the 2011 census as recommended by the EHRC. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

How would you describe your national identity?

Please tick a button below:

- English British Welsh Scottish
 Northern Irish Other Prefer not to disclose

Please tick a below below which best describes the ethnic category to which you belong:

A. White

- English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy or Irish Traveller
 Any other White background

Please type in below

B. Mixed/multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed/multiple ethnic background

Please type in below

C. Asian /Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background

Please type in below

D. Black/African/Caribbean / Black British

- African
 Caribbean
 Any other Black/African/Caribbean background

Please type in below

E. Other ethnic group

- Arab
 Any other ethnic background

Please type in below

F. Other

- Prefer not to disclose

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2 Gender

Please tick the appropriate box:

- Male
 Female
 Prefer not to disclose

3 Disability

Please state if you have any long-term physical or mental condition that affects your ability to carry out day-to-day activities. (Advice can be obtained from the EHRC 0845 604 6610):

- Yes
 No
 Prefer not to disclose

If yes please confirm whether you require any reasonable adjustments

4 Age

Please state your age and date of birth:

Age: DOB:

- Prefer not to disclose

5 Religion or belief

Please state your religion:

- No Religion or belief
 Buddhist
 Christian (Church of England, Catholic, Protestant and all other Christian denominations)
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion
 Prefer not to disclose

6 Sexual orientation

Please indicate your sexual orientation:

- Heterosexual/straight
 Gay woman/lesbian
 Gay man
 Bisexual
 Other
 Prefer not to disclose

7 Are you married or in a civil partnership?

Please tick the appropriate box:

- Yes
 No
 Prefer not to disclose

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Thank you for completing this form