

Glebe Housing Association Limited

Diversity monitoring form

|  |  |  |  |
| --- | --- | --- | --- |
| Surname | First name | Initials | Title |
|   |  |  |  |

Glebe Housing Association Limited (GHA) strongly values diversity and promotes equality. We encourage and welcome applications from suitably skilled candidates from all backgrounds.

Monitoring recruitment and selection procedures is one way of helping us to ensure that there is no discrimination in the way that we recruit and select people for positions.

To do this we need to know about the diversity profile of people who apply for posts at GHA. Please help us by providing the following information. The information you give is confidential and will be separated from the application form prior to short-listing. It will not be accessed by any person involved in making selection decisions. If you prefer not to answer any of the questions, please feel free to leave them blank.

Data Protection Act 1998

GHA will record the information given for the purposes of recruitment and selection monitoring. The information will be retained for monitoring purposes only. Thank you for your co-operation.

 Gender

What is your gender?

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| I prefer to use another termPlease write in………………………………. |  |

 Age

Please indicate the age band into which you fall:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 16-24 |  | 25-29 |  | 30-34 |  | 35-39 |  | 40-44 |  |
| 45-49 |  | 50-54 |  | 55-59 |  | 60-64 |  | 65+ |  |

 Religion/belief

What is your religion or belief?

|  |  |
| --- | --- |
| No religion |  |
| Christian (including all denominations) |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Any other religion or beliefPlease write in……………………………... |  |

 Ethnic origin

Choose one section A to E and then choose one category which best describes your ethnic group or background.

|  |
| --- |
| A White |
| English/Welsh/Scottish/Northern Irish/British |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other White BackgroundPlease write in……………………………………….... |  |
| B Mixed/multiple ethnic groups |
| White & Black Caribbean |  |
| White & Black African |  |
| White & Asian |  |
| Any other Mixed/multiple ethnic backgroundPlease write in…………………………………………. |  |
| C Asian/Asian British |

|  |  |
| --- | --- |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian BackgroundPlease write in………………………………………... |  |
| D Black/African/Caribbean/Black British |
| African |  |
| Caribbean |  |
| Other Black / African Caribbean backgroundPlease write in…………………………………………. |  |
| E Other Ethnic Group |
| Arab |  |
| Any other Ethnic groupPlease write in…………………………………………. |  |

 Sexual orientation

What is your sexual orientation?

|  |  |
| --- | --- |
| Bisexual |  |
| Gay Man |  |
| Gay woman/Lesbian |  |
| Heterosexual/Straight |  |
| I prefer to use another termPlease write in……………………………….. |  |

 Transgender

Is your gender identity the same as the gender you were assigned at birth? Yes ☐ No\* ☐

\*If your answer is ‘No’, do you consider yourself to be in one of the following

categories?

|  |  |
| --- | --- |
| FTM |  |
| MTF |  |
| I prefer to use another termPlease write in……………………………………... |  |

 Disability

GHA believes that people are disabled by the barriers society places in their way and not by their own impairments. We strive to overcome or minimise any barriers faced by disabled people so that they can fully contribute to the work of the organisation.

The Equality Act 2010 defines someone as disabled if they have a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day to day activities.

In considering this question you should not take into account the effect of any medication or treatments used or adjustments made (for example at work or at home) which reduce the effects of impairments. Instead, you should think about the effect the impairment would have if these were not being used or made.

Do you consider yourself to be disabled?

|  |  |
| --- | --- |
| Yes |  |
| No |  |