*Office use only Application Ref:*

*LSW*

**MIND IN TOWER HAMLETS AND NEWHAM**

**Confidential Equality and Diversity Monitoring Form**

|  |
| --- |
| **Please answer the questions as it will help Mind in Tower Hamlets and Newham with our equality and diversity monitoring. If you are appointed, the information will be kept and used for monitoring purposes only, to ensure that our recruitment and employment practices are non-discriminatory.**  |

**Name:**

**I would describe my gender as:** Female Male

**Post applied for Leap Project Support Worker**

**Date of birth:**

**1. I would describe my ethnic origin as:**

Please indicate your ethnic origin by placing X in the appropriate box. If you feel that you don’t come within these categories, please state under ‘other’ what you consider to be your ethnic origin/background to be.

**Do you consider yourself to be** (Please tick appropriate box)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Black-African |  | White-African |  | European |  | Japanese |  | Asian-other |
| Black-British |  | White-British |  | Bangladeshi |  | Oriental |  |  |
| Black-Caribbean |  | White-Irish |  | Chinese |  | Pakistani |  |  |
| Black-other |  | White-other |  | Indian |  | Asian-British |  |  |

**Do you belong to any Religion?** (Please tick appropriate box)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Buddhist |  | Hindu |  | Muslim |  | Other Religion |  | Sikh |  |
| Christian |  | Jewish |  | No Religion |  | Prefer Not To Say |  |  |  |

If yes, could you give a brief description of your disability

**Are you?** (Please tick appropriate box)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Gay |  | Lesbian |  |
| Bi-sexual |  | Prefer Not To Say |  |  |  |

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

**Do you consider yourself to have a disability?** Yes / No / Other / Prefer Not To Say

If yes, please specify nature of disability: …………………………………………………………

If yes, would you like support in advising your line manager? Yes/No

Do you require any reasonable workplace adjustments? Yes / No / Not sure

If yes, please state adjustment(s) required: ....................................................................................................................................................................................................................................................................................................................................