

Diversity Monitoring Form			
Surname:	Forenames:	Force Number:	Date of Birth:

The information provided on this part of the application form will not be seen by the short-listing and interview panels. We will notify the interview panel should any adjustments need to be made at interview.

The data will only be used to monitor against Diversity and Race Equality Scheme requirements.

<p>I consider my ETHNIC ORIGIN to be: (please 'X' the relevant box)</p> <p>White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p> <p>Mixed</p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White Asian <input type="checkbox"/></p> <p>Any other mixed <input type="checkbox"/></p> <p>Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian Background <input type="checkbox"/></p> <p>Black or Black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Other Ethnic Group <input type="checkbox"/></p>	<p>AGE:</p> <p>18 – 24 <input type="checkbox"/></p> <p>25 – 35 <input type="checkbox"/></p> <p>36 – 60 <input type="checkbox"/></p> <p>GENDER:</p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p> <p>SEXUAL ORIENTATION:</p> <p>Bisexual <input type="checkbox"/></p> <p>Heterosexual <input type="checkbox"/></p> <p>Gay / Lesbian <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p> <p>RELIGIOUS BELIEF / FAITH:</p> <p>Buddhist <input type="checkbox"/></p> <p>Christian <input type="checkbox"/></p> <p>state if you wish</p> <p>Hindu <input type="checkbox"/></p> <p>Jewish <input type="checkbox"/></p> <p>Muslim <input type="checkbox"/></p> <p>Sikh <input type="checkbox"/></p> <p>None <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>
---	--

DISABILITY: (Please 'X' the appropriate answer)

	Yes	No
Do you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Do you believe this disability impacts on your daily life within the terms of The Disability Discrimination Act	<input type="checkbox"/>	<input type="checkbox"/>

When were you last assessed by the Occupational Health Unit?:

Please indicate if you will need any special help or assistance if you are invited to interview: