

Equality and Diversity Monitoring

Please note that this part of the form will be detached from your application and kept separately

Norton Housing and Support strives for high standards, both as an employer and as a provider of services. In so doing, we recognise the need to encourage diversity and wholeheartedly support a policy of equal opportunities in all areas of our work and responsibilities.

The purpose of this form is to help us monitor how well we are doing in attracting people from as wide a range of backgrounds as possible. The information will remain confidential and will only be used for statistical purposes.

As a result of this monitoring, we may find we need to make changes to the way in which we operate or the services we offer.

Please complete the form as fully as you feel able. However, if you do not want to answer a particular question, please tick this option.

Thank you.

Your Age	Your Gender (delete as applicable)						
	male / female / / other / don't wish to say						
Do You Identify as Transgender? (delete as applicable)							
For the purpose of this question, transgender is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.							
yes / no / don't wish to say							
Sexual Orientation (delete as applicable)							
bisexual / heterosexual / gay man / lesbian or gay woman / other / don't wish to say							
Your Religion or Belief							
Please state in the box which number best describes your religion or belief. If you do not wish to disclose, leave blank.							
1. Atheism 2. Baha'i 3. Buddhism 4. Christianity 5. Hinduism 6. Islam 7. Jainism 8. Judaism 9. Muslim 10. Sikhism 11. No religion 12. Other (please specify)							

Disability (delete as applicable)

Do you consider yourself to have a disability?

The Disability Act 2010 defines a person as disabled if they have (or have had) a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

yes / no / don't wish to say

If you are disabled and you feel able to, please give more details about the nature of your disability:

Ethnic Group

Please state in the box which number best describes your ethnic origin. If you do not wish to disclose, leave blank.

Asian / Asian British

- 1. Bangladeshi
- 2. Pakistani
- 3. Indian
- 4. Other Asian origin

Black / Black British

- 5. Caribbean
- 6. African
- 7. Other Black origin

White

- 8. British
- 9. English
- 10. Irish
- 11. Scottish
- 12. Welsh
- 13. White other

Mixed

- 14. White & Asian
- 15. White & Black African
- 16. White & Black Caribbean
- 17. Other dual heritage (specify below if you wish)

Other Ethnic Groups

- 18. Chinese
- 19. Any other ethnic background