

EQUALITY AND DIVERSITY MONITORING

Changing Pathways is committed to ensuring all employees and trustees are treated equally and not discriminated on the grounds of colour, race, nationality, marital or civil partnership status, religion or belief, sexual orientation, disability or age. This complies with the requirement of the Equality Act (2010).

This form assists us in monitoring the diversity of our staff and trustees and is based upon 'protected characteristics' in the act.

This form will be disposed of securely once the data has been collated.

Gender

At birth, were you described as:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Intersex	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other	<input type="checkbox"/>
If other, please state	

How would you describe your gender identity now:

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
In another way	

What are your preferred pronouns: -----

Marital Status

Married	<input type="checkbox"/>
Civil Partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Single	<input type="checkbox"/>
Other	<input type="checkbox"/>
If other, please state	

Age

16-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>
65+	<input type="checkbox"/>

Religion & Belief

My religion/belief is	
I do not have a religion/belief	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Disability

The Equality Act (2010) defines 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 12 months or for the rest of the life of the person affected.

Do you consider yourself to have a disability as defined under the Equality Act?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don’t know	<input type="checkbox"/>

If yes please give provide details

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I used to have a disability but have now recovered	<input type="checkbox"/>
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Sexual Orientation

Heterosexual	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Pansexual	<input type="checkbox"/>
Asexual	<input type="checkbox"/>
Queer	<input type="checkbox"/>
Other (please specify)	

Race & Ethnicity

White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other White background	<input type="checkbox"/>
Mixed Race	White & Black Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Any other mixed background	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Any other Black background	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>

	Bangladeshi	<input type="checkbox"/>
	Any other Asian background	<input type="checkbox"/>
Chinese or other ethnic group	Chinese	<input type="checkbox"/>
	Other ethnic background	<input type="checkbox"/>