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Equal Opportunities Mon

**Equal Opportunities Monitoring Form** - PR26

NDH Care Ltd is committed to equality of opportunity and fair treatment in all aspects of employment. We aim to provide a working and learning environment which is free from unfair discrimination and will enable staff to fulfil their personal potential. The Equality Act 2010 protects people from discrimination and promotes equality on the basis of a number of ‘protected characteristics. We ask for information on your ‘protected characteristics’ in order to help us monitor our performance on equality. In line with Government policy, and in accordance with the provisions of GDPR, the information you provide will be held confidentially and It will help us to comply with the law under the relevant Acts and to ensure that our employment policies and practices are fair and effective.

**IMPORTANT - Please Note:** You do not have to complete this form. The information is given on a voluntary basis and the information provided will only be used for the monitoring purpose. Please do not enter any identifying marks on this form, so that your information remains confidential. This information will be stored on a computer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ethnic Origin:** Please indicate your Ethnic Origin | | | | | |
| **Asian or Asian British** | | **Mixed** | | **Other Ethnic Background** | |
|  | Bangladeshi |  | White & Asian |  | Chinese |
|  | Indian |  | White & Black African |  | Any Other Chinese |
|  | Pakistani |  | White/Black Caribbean |
|  | Other Asian |  | Other mix |  | Any other ethnic |
| **Black or Black British** | | **White** | |  | |
|  | African |  | British |  | I do not wish to disclose my Ethnic |
|  | Caribbean |  | Irish |
|  | Other Black Background |  | Other White |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** Please indicate your Gender | | | | | |
|  | Female |  | Male |  | Other state below |
|  | Transgender Female |  | Transgender Male |
|  | I do not wish to disclose my Ethnic | | | | |
| **Sexual Orientation:** Please indicate your Sexual Orientation | | | | | |
|  | Heterosexual |  | Bisexual |  | Other state below |
|  | Gay |  | Lesbian |
|  | I do not wish to disclose my Sexual Orientation | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Religion or Belief:** Please indicate your Religion or Belief | | | | | | | | | | | | |
|  | Buddhist | | | |  | Jewish | | |  | Hindu | | |
|  | Christian | | | |  | Muslim | | |  | Sikh | | |
|  | I do not have any Religion or Beliefs | | | | | | | |  | Other state below | | |
|  | I do not wish to disclose my Religion or Belief | | | | | | | |
| **Marital Status:** Please indicate your Marital Status | | | | | | | | | | | | |
|  | Common Law Partnership | | | |  | Married / Civil Partnership | | |  | Widowed | | |
|  | Divorced | | | |  | Single | | |  | Other (State) | | |
| **As per Equality Act 2010:** Do you consider yourself to have a disability | | | | | | | | | | | **Yes** | **No** |
| Under the terms of the Act, a disability is defined as a “physical or mental impairment which has a substantial and long- term effect on a person’s ability to carry out day-to-day activities”. | | | | | | | | | | | | |
|  | I do not wish to disclose whether or not I have a disability | | | | | | | | | | | |
| **Caring Responsibilities:** Do you have any care responsibilities for anyone | | | | | | | | | | | | |
| **Yes** | | **No** | If yes |  | Children U16 | |  | Disabled | |  | Sick / Elderly | |