

Equal Opportunities & Diversity Monitoring Form

Network Homes is committed to having a workforce that reflects all sections of society and wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity. The data you share will be used to monitor and evaluate Network's obligations in this regard. No applicant or employee will be discriminated against regardless of their age, disability, gender identity, relationship status, if pregnant, race or ethnicity, religion or belief, sex and sexual orientation.

Your co-operation in completing this form is greatly appreciated as the information we collect will ensure that we monitor the effectiveness of our policies and procedures, but filling in this form is voluntary.

This information you provide will be kept fully confidential and stored securely, and accessibility will be strictly limited to only some staff in Network's People and Culture Directorate.

Please return the completed form in the envelope marked 'Strictly confidential' to 'The HR Department, Network Homes, Olympic Office Centre, 8 Fulton Road, Wembley, Middlesex HA9 0NU

Full name:

1. Gender

☐ Male ☐ Female ☐ Prefer not to say

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

Do you live and work in a gender other than that assigned at birth

☐ Yes ☐ No ☐ Prefer not to say

2. How would you describe your marital status?

☐ Single ☐ Married/ Civil Partnership ☐ Divorced
☐ Co-habiting ☐ Widowed ☐ Prefer not to say

3. Are you pregnant or have had a baby in the last 6 months?

☐ Yes ☐ No ☐ Prefer not to say ☐ N/A

4. What age group do you belong to?

☐ 18-25
☐ 56 –65

☐ 26-35
☐ 65+

☐ 36-45
☐ Prefer not to say

☐ 46-55

5. How would you describe your sexuality?

☐ Heterosexual
☐ Bi-sexual

☐ Gay
☐ Prefer not to say

☐ Lesbian

6. Do you consider yourself to have a disability?

A disabled person is defined under the Equality Act 2010 as someone with a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day-to-day activities.'

☐ Yes

☐ No

☐ Prefer not to say

If 'Yes' please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

☐ Physical Impairment

☐ Learning Disability / Difficulty

☐ Sensory Impairment

☐ Long-standing Illness

☐ Mental Health Condition

☐ Other

What is the effect or impact of your disability on your ability to give your best at work?
Please write here:

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

7. Please indicate which ethnic group you consider yourself to belong?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

☐ White – British

☐ White – Irish

☐ White - European

☐ Other White

Black

- ☐ Black or Black British – Caribbean
☐ Other Black

- ☐ Black or Black British – African

Asian

- ☐ Asian or Asian British – Indian
☐ Asian or Asian British – Bangladeshi
☐ Other Asian

- ☐ Asian or Asian British – Pakistani
☐ Chinese

Mixed

- ☐ Mixed – White & Black Caribbean
☐ Mixed – White & Asian

- ☐ Mixed – White & Black African
☐ Other Mixed

Other/unknown

- ☐ Ethnic identity not known

- ☐ Prefer not to say

If you have selected 'Other' please state which group you consider yourself to belong to:

8. Please indicate which religion you consider yourself to belong to?

- | | | | |
|---|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh | <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other religion please state: | | | |

Thank you for taking time to complete this form