

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 Prefer not to say Female Male 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? Divorced Married/ Civil Partnership Single Co-habiting Widowed Prefer not to say 3. Are you pregnant or have had a baby in the last 6 months? N/A

Prefer not to say

Yes

4.	What age group do you 18-25 56 –65	belong to? [26-35	36-45 Prefer not to say	<u>46-55</u>
5.	How would you described Heterosexual Bi-sexual	e your sexuality? Gay Prefer not to s	Lesbian Say	
6.	Do you consider yourself to have a disability? A disabled person is defined under the Equality Act 2010 as someone with a 'physical mental impairment which has a substantial and long term adverse effect on that perability 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 – Ir ☐ Other Wh	

	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.		to belong to? ndu	
9.	ligibility Yes, I am currently eligible to work (work permit/visa/citizenship) in the UK No, I am not currently eligible to work (work permit/visa/citizenship) in the UK		

Thank you for taking time to complete this form