

## DIVERSITY QUESTIONS

Role applied for:		
What Sex are you?	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>	
What is your age?	18-24 <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"/> Prefer not to say <input type="checkbox"/>	
Ethnicity: How would you describe your Ethnic Origin?  N.B. This is not a question about nationality or place of birth	White <input type="checkbox"/>	English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish traveller <input type="checkbox"/> Any other white background <input type="checkbox"/>
	Mixed/multiple ethnic groups <input type="checkbox"/>	White and black Caribbean <input type="checkbox"/> White and black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background <input type="checkbox"/>
	Asian/Asian British <input type="checkbox"/>	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/>
	Black/African/Caribbean/Black British <input type="checkbox"/>	African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other black/African/Caribbean background <input type="checkbox"/>
	Other ethnic group <input type="checkbox"/>	Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>
	Prefer not to say <input type="checkbox"/>	-
What is your sexual orientation?	Heterosexual or straight <input type="checkbox"/> Gay Man <input type="checkbox"/> Gay Woman/ Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to self-describe .....	
Disability: Do you consider yourself to be a person with a disability? Under the Equality Act 2010 a person is classified as disabled if	None <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Dexterity <input type="checkbox"/>	

they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day to day activities.

- Stamina, breathing or susceptibility to fatigue
- Memory
- Social skills or behaviour
- Learning or ability to understand/concentrate
- Other mental health
- Prefer not to say

Reference No: