

## **Equality and Diversity Monitoring**

### **Why does Passenger Focus need this information?**

Passenger Focus selects candidates solely on the basis of merit. We are committed to equality of opportunity for all job applicants regardless of ethnicity, gender (including gender re-assignment), sexual orientation, disability, religion and belief or age. All applicants are requested to complete a monitoring form so that we can monitor whether we are attracting interest from a diverse range of candidates.

This form is confidential and will only be seen by the HR Team. It will not affect your application in any way. Thank you in advance for your co-operation

Name \_\_\_\_\_

Please tick the boxes which apply to you.

<b>Gender</b>	<input type="checkbox"/>
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>
16-29	<input type="checkbox"/>
30-44	<input type="checkbox"/>
45-59	<input type="checkbox"/>
60-74	<input type="checkbox"/>
75 and over	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>National Identity</b>	<input type="checkbox"/>
English	<input type="checkbox"/>
Welsh	<input type="checkbox"/>
Scottish	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>
British	<input type="checkbox"/>
Or any other	<input type="checkbox"/>
Please specify: _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Ethnicity</b>	<input type="checkbox"/>
<b>What is your ethnic group?</b>	<input type="checkbox"/>
<b>White</b>	<input type="checkbox"/>
English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>
Please specify: _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Mixed/Multiple ethnic groups</b>	<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"/>
Please specify: _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Asian/Asian British</b>	<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"/>
Please specify: _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Black/African/Caribbean/Black British</b>	<input type="checkbox"/>
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black/African/Caribbean	<input type="checkbox"/>
Please specify: _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Other Ethnic Group</b>	<input type="checkbox"/>
Arab	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>
Please specify: _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

<b>Religion</b>	<input type="checkbox"/>
<b>What is your religion?</b>	<input type="checkbox"/>
None	<input type="checkbox"/>
Christian (all denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Any other religion	<input type="checkbox"/>
Please specify _____	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Sexual Orientation</b>	<input type="checkbox"/>
<b>How would you describe your sexual orientation?</b>	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
<b>Gender Identity</b>	<input type="checkbox"/>
<b>Please tick if either of these apply to you</b>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>
Transsexual	<input type="checkbox"/>
These are covered by the Equality Act 2010	<input type="checkbox"/>
<b>Disability</b>	<input type="checkbox"/>
Under the Equality act 2010, a disability is defined 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".	<input type="checkbox"/>
<b>Do you consider yourself to be disabled within this definition?</b>	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
If yes please specify _____	<input type="checkbox"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete and return with your application form to:

[recruitment@passengerfocus.org.uk](mailto:recruitment@passengerfocus.org.uk)

This form will be separated from your application and will be used for monitoring purposes only. It will not be passed to members of the shortlisting panel.