**FMLM Equality and Diversity Monitoring Form**

The Faculty of Medical Leadership and Management (FMLM) wishes to meet the aims and commitments set out in its Equality and Diversity policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of responses to employee recruitment with the aim of encouraging equality, diversity, inclusion and belonging.

FMLM needs your help and co-operation to enable it to do this but filling in this form is voluntary. The information provided will be managed in accordance with the Data Protection Act 2018, will be used for monitoring purposes and will be kept confidential.

If you have any questions about the form, contact [hrsupport@fmlm.ac.uk](mailto:hr@fmlm.ac.uk)

Please return the completed form to [hrsupport@fmlm.ac.uk](mailto:hrsupport@fmlm.ac.uk)

**Gender**

Male  Female  Intersex  Non-binary

Prefer not to say

If you prefer to use your own gender identity, please state: Click or tap here to enter text.

Is the gender you identify with the same as your gender registered at birth?

Yes  No  Prefer not to say

**Age**

16-24 25-29  30-34  35-39 40-44  45-49

50-54 55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

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:

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please state:Click or tap here to enter text.

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say

Any other Black, African or Caribbean background, please state:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say

Any other Mixed or Multiple ethnic background, please state: Click or tap here to enter text.

***White***

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please state: Click or tap here to enter text.

***Arab***

Arab  Prefer not to say

Any other ethnic group, please state: Click or tap here to enter text.

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say

What is the effect or impact of your disability or health condition on your work? Please state:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment,’ then please contact [hrsupport@fmlm.ac.uk](mailto:hrsupport@fmlm.ac.uk) with further details.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual

Undecided  Prefer not to say

If you prefer to use your own identity, please state: Click or tap here to enter text.

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please state:

Click or tap here to enter text.

**Do you have caring responsibilities? If yes, please tick all that apply**

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

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| --- | --- | --- | --- |
| **Candidate Name** |  | **Date** |  |