# Equality and diversity monitoring form

South West Mull and Iona Developmentis committed to equal opportunities and an inclusive working environment. 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.

We need your help and co-operation to enable us to do this, but filling in this form is voluntary.

The information provided will be kept confidential and will be only used for monitoring purposes.

If you have any questions about the form, contact Cameron Anson on canson@swmid.co.uk.

Tick or highlight options (or replace box with X) and save this document.

**Gender** Male ☐ Female ☐ Intersex ☐ Non-binary ☐ Prefer not to say ☐

If you prefer to use your own gender identity, please write in:

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 write in:

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

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black, African or Caribbean background, please write in:

***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 write in:

***White***

English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐

British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other White background, please write in:

***Other ethnic group***

Arab ☐ Prefer not to say ☐ Any other ethnic group, please write in:

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

Yes☐ No ☐ Prefer not to say ☐

***If yes***, what is the effect or impact of your disability or health condition on your work? Please write in here:

*The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ then please discuss this the person running the recruitment process if you are a job applicant.*

**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 write in:

**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 write in:

**What is your preferred working pattern?**

Full-time ☐ Part-time ☐ Prefer not to say ☐

**What is your preferred flexible working arrangement?**

None ☐ Flexi-time ☐ Staggered hours ☐ Term-time hours ☐

Annualised hours ☐ Job-share ☐ Flexible shifts ☐ Compressed hours ☐

Homeworking ☐ Prefer not to ☐ If other, please write in:

**Do you have caring responsibilities? If yes, please tick / highlight 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 ☐

Is there any feedback you would like to give SWMID that could help us become a more inclusive employer?