

**Equal opportunities monitoring**

1. **What is your date of birth? (Please use the format: DD/MM/YYYY)**

|  |
| --- |
|  |

1. **Which of the following best describes your ethnicity? (Please tick)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asian |  | Bangladeshi | Black |  | Black Caribbean |
|  | Chinese |  | Somali |
|  | Indian |  | Eritrean |
|  | Pakistani |  | Nigerian |
|  | Any other Asian background  |  | Ghanaian |
|  |  |  |  |  | Any other Black or Black British background |
| White  |  | British | Mixed / Multiple |  | Asian and White |
|  | Irish |  | Black African and White |
|  | English  |  | Black Caribbean and White |
|  | Welsh |  | Any other Mixed background |
|  | Scottish  |  |  |
|  | Turkish / Turkish Cypriot |  |  |
|  | Greek / Greek Cypriot |  |  |
|  | Kurdish |  |  |
|  | Gypsy or Irish Traveller |  |  |
|  | Any other White background |  |  |
| Other |  | Arab |
|  | Latin American |
|  | Any other ethnic group (please specify): .....……….……..……………….. |
|  | Prefer not to say |

1. **Which best describes your gender? (Please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Female  |  | Male |
|  | Prefer not to say |  | Prefer to self-describe: …………..……….  |

1. **What is your sexual orientation? (Please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Bisexual  |  | Gay Man |
|  | Gay Woman / Lesbian |  | Heterosexual / Straight |
|  | Prefer not to say |  | Prefer to self-describe: ………………….. |

1. **What is your faith / religion?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No faith / religion  |  | Christian |
|  | Buddhist |  | Hindu |
|  | Jewish |  | Muslim |
|  | Unsure / Prefer not to say |  | Other (Please specify): ………………….. |

1. **Do you identify as having lived experience with mental health issues? (Please tick)**People with 'lived experience' can identify either as someone with personal experience of mental ill-health and recovery, or as a family member and/or carer who has experience in supporting a person living with mental ill-health and recovery.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes  |  | Prefer not to say  |
|  | No |  |  |

1. **Are your day-to-day activities significantly limited because of a health problem or disability which has lasted, or expected to last, at least 12 months? (Please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes – a little  |  | No – not at all |
|  | Yes – a lot |  | Prefer not to say |

1. **If you answered "Yes" above, please state the type of health problem or disability (Please tick all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Physical impairment  |  | Long standing illness  |
|  | Autism spectrum  |  | Sensory impairment |
|  | Mental health condition  |  | Learning disability  |
|  | Other developmental condition |  | Prefer not to say |
|  | Other (Please specify): ………………..……… |  |  |

1. **Please use the box below to provide more detail on this.**
This will help SLT better understand your needs. You may skip this question.

|  |
| --- |
|  |

Application for: **Activity Programmes Manager 2023**

The information provided in this form is confidential and for monitoring purposes only and will not be used as part of the recruitment process.

**Please return to:** **mark@slt.org.uk**