# Equality and diversity monitoring form

The Bevan Foundationwants to meet the aims and commitments set out in its equality policy. 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 do this, but filling in this form is voluntary.

Please return the completed form in the envelope marked ‘Strictly confidential’ to The Bevan Foundation, 145a High Street, Merthyr Tydfil CF47 8DP. Alternatively you can email it to [info@bevanfoundation.org](mailto:info@bevanfoundation.org) – your reply will not be linked with your email address.

**Gender** Man 🗆 Woman 🗆 Non-binary 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?** 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

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

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

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆 White and Asian 🗆 Prefer not to say 🗆 Any other mixed background, please write in:

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆 Prefer not to say 🗆

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆 Prefer not to say 🗆

Any other Black/African/Caribbean 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 🗆

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in over the page. The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the Bevan Foundation.

**What is your sexual orientation?**

Heterosexual 🗆 Gay 🗆 Lesbian 🗆 Bisexual 🗆 Prefer not to say 🗆

If you prefer to use your own term, please specify here ……………………………………………….….

**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: