

Are you married or in a civil partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Age?	<input type="checkbox"/> 16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input checked="" type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say	
How Would You Describe Your Ethnic Origin?		
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 <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background, please specify: <hr/> Asian or British Asian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese	Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background, please specify: <hr/> Mixed <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background, please specify: <hr/>	Other Ethnic groups <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please specify: <hr/> <input type="checkbox"/> Prefer not to say
Which Of The Following Best Describes Your Sexual Orientation?		
<div> <input type="checkbox"/> Bisexual <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Prefer not to say </div> <div> <input type="checkbox"/> Homosexual </div>		

What Is Your Religion Or Belief?

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Jain | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other, please specify | | |

Pregnancy And Maternity

Are you pregnant?

- ☐ Yes
☐ No
☐ Prefer not to say

Have you given birth within the last 12 months?

- ☐ Yes
☐ No
☐ Prefer not to say

Are Your Day-To-Day Activities Significantly Limited Because Of A Health Problem Or Disability Which Has Lasted, Or Is Expected To Last, At Least 12 Months?

- ☐ Yes
☐ No
☐ Prefer not to say

If You Answered 'Yes' To The Question Above, Please State The Type Of Impairment. Please Tick All That Apply. If None Of The Below Categories Applies, Please Mark 'Other'.

- ☐ Physical impairment
☐ Sensory impairment
☐ Learning disability/difficulty
☐ Long-standing illness
☐ Mental health condition
☐ Developmental condition
☐ Other

If You Consider Yourself To Have A Disability, Please List Below Any Special Requirements Or Reasonable Adjustments That You May Have If You Invited For An Assessment Process/Interview:

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What Is Your Current Working Pattern?

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

If You Work Flexibly, Please Tick To Indicate Your Pattern Of Work:

- | | | |
|--|--|--|
| <input type="checkbox"/> Flexi time | <input type="checkbox"/> Staggered hours | <input type="checkbox"/> Term time hours |
| <input type="checkbox"/> Annualised hours | <input type="checkbox"/> Job share | <input type="checkbox"/> Flexible shifts |
| <input type="checkbox"/> Compressed hours | <input type="checkbox"/> Homeworking | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to say | | |
| If other, please specify | | |

If You Have Any Caring Responsibilities, Please Tick All That Apply:

- ☐ 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 duties)
- ☐ Prefer not to say

**Please email this completed document, along with your application form to
k.bower@falcontrust.co.uk**

Thank you for your help with our Equality and Diversity monitoring