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**Equal Opportunities and Diversity Monitoring Form**

Thank you for applying to be a HCPC Council member. The purpose of this form is to help us monitor and improve our standards of recruitment and employment practice.

The HCPC is committed to equal opportunities and reflecting the diversity of the public. To monitor our recruitment process we collect diversity data on all applications, which is stored separately from the rest of your application and is not seen by any short-listing or interview panel. It is used to produce statistics so that we can analyse the diversity profile of those applying to the HCPC and meet the obligations of our Equality and Diversity Scheme.

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| **Date of Birth (dd/mm/yyyy)** | Prefer not to disclose |
| **Gender** | Male   Female  Transgender  Prefer not to disclose |

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| --- |
| Please describe your marital status |
| Single  Married  Divorced  Prefer not to disclose  Civil Partnership  Partner  Widowed |
| Do you have dependent children? |
| Yes  No  Prefer not to disclose  If yes, please indicate number: |
| Please select the option which best describes your sexual orientation |
| Lesbian   Heterosexual  Bisexual  Gay  Prefer not to disclose |

|  |  |
| --- | --- |
| Please indicate which of the following describes your ethnic group | |
| **Asian**  Bangladeshi  Indian  Pakistani  Any other Asian background  **Black**  African  Caribbean  Any other Black background  **White**  British  Irish  Any other White background | **Chinese**  Chinese  Any other Chinese background  **Mixed**  Asian & White  Black African & White  Black Caribbean & White  Any other mixed background  **Other Ethnic Group**  Any other ethnic group  **Undisclosed**  Prefer not to disclose |
| If any other background, or any other ethnic group chosen, please specify: | |

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| Please indicate your religion or belief | | |
| Atheism  Buddhism  Christianity  Hinduism | Islam  Jainism  Judaism  Sikhism | Prefer not to disclose  Other (please specify) |

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| Do you consider yourself to have a disability? | Yes  No  Prefer not to disclose |
| Please state the type of disability which applies to you. People may experience more than one type of disability, in which case you may indicate more than one. | |
| Physical   Learning Disability/Difficulty  Sensory   Long-standing illness  Mental health condition  Other (please specify if you wish) | |