****

**Equal Opportunities and Diversity Monitoring Form**

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

Any information gathered for statistical analysis will be used anonymously and will **not** be used to assess or score your application.

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.

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

|  |
| --- |
| 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:      |

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

|  |  |
| --- | --- |
| 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)        |