**Equal Opportunities Monitoring Form**

**This form will not be used during the short-listing process but will be used separately for**

**the purpose of recruitment monitoring and provision of statistical data. All information**

**given will be treated in the strictest confidence.**

**Why we need this information and why we are asking for it**

Pharmacist Support is committed to promoting equality of opportunity, to ensure that everyone has the chance to participate fully in the activities and decisions of the organisation.

In completing this form, you will help us understand who we are reaching and how to better serve everyone in our pharmacy family. This form is optional and you do have a right not to disclose the information; however, by doing so you may impact our ability to ensure equality of opportunity.

**Data protection**

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymized statistics and data you have provided to have discussions about how to improve the diversity and spread of our service, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 2018.

The information that we need, as outlined in the 2010 Equality Act, includes information about age, disability, gender reassignment, marital status, maternity, race, religious belief, sex, and sexual orientation.

If you would like the form in an alternative format, or would like help in completing the form, please contact us using the details provided in the Recruitment Information Pack.

**Please select the boxes that are relevant to you.**

**Ethnicity**

Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

Asian/Asian British

Black/African/Caribbean/Black British

Mixed/Multiple ethnic groups

White

Other ethnic group

Prefer not to say

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British** | **Black, Black British, African, Caribbean** | **Other ethnic group** |
| Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background | Caribbean  African  Any other Black/African/Caribbean background | Arab  Any other ethnic group |
| **Mixed/Multiple ethnic groups** | **White** |  |
| White and Black Caribbean  White and Black African  White and Asian  Any other mixed/multiple ethnic background | British  English  Northern Irish  Scottish  Welsh  Irish  Gypsy or Irish Traveller  Roma  Any other White background |  |

**Age**

18 – 24

25 – 34

35 – 44

45 – 54

55 – 64

65+

Prefer not to say

**Gender**

Female

Male

Prefer not to say

Prefer to self-identify, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexual Orientation**

Heterosexual

Gay

Lesbian

Bisexual

Prefer not to say

Prefer to self-identify, please specify here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religion / belief**

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Prefer not to say

Other religion or belief \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability**

Disability is defined by the Equality Act 2010 as a physical or mental impairment that has a substantial and long-term adverse effect on someone’s ability to carry out normal day-to-day activities. For these purposes “long term” is taken to mean the condition is likely to last longer than 12 months or likely to recur.

Do you consider yourself to have a disability or health condition?

Yes

No

Prefer not to say

If you selected yes, please indicate your disability:

Vision (e.g. blindness or partial sight)

Hearing (e.g. deafness or partial hearing)

Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)

Learning, concentrating, remembering

Mental Health

Stamina or breathing difficulty

Social or behavioural issues (e.g. neuro diverse conditions such as Autism or Attention Deficit Disorder)

Other disability

Prefer not to say