

# Equality and Diversity Monitoring



The information provided on this form is confidential. The information will be used as part of the application process and will only be seen by the Future Leaders of Nottingham shortlisting panel.

Personal Details				
Title		Surname		First name
Age		Date of birth		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other (please specify)	
Do you identify as Trans? Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say <input type="checkbox"/>				
Do you have a long-term illness, health problems, or disability that, with or without the use of aids or medication, limits your daily activity? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If your application progresses to the next stage would you like us to contact you regarding reasonable adjustments? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Nationality				
Please state your nationality				
My racial/ethnic origin				Prefer not to say <input type="checkbox"/>
White	Mixed/Dual heritage	Asian or Asian British	Black or Black British	Chinese or other racial group
British/Irish <input type="checkbox"/>	White and Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Gypsy/ Traveller <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Black African <input type="checkbox"/>	Other racial group <input type="checkbox"/>
Eastern European <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Black <input type="checkbox"/>	
Other white <input type="checkbox"/>	Other mixed <input type="checkbox"/>	Other Asian <input type="checkbox"/>		
If other please state	If other please state	If other please state	If other please state	If other please state
My religion				Prefer not to say <input type="checkbox"/>
None <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>
Sikh <input type="checkbox"/>	Christian <input type="checkbox"/>	Other <input type="checkbox"/>		
My sexual orientation				Prefer not to say <input type="checkbox"/>
Bisexual <input type="checkbox"/>	Gay man <input type="checkbox"/>	Gay woman /lesbian <input type="checkbox"/>	Heterosexual /straight <input type="checkbox"/>	Other <input type="checkbox"/>