Diagram

Description automatically generated

**Diversity Monitoring Form**

Alström Syndrome UK (ASUK) is committed to equity, diversity, and inclusion within its workforce and across all its services. An essential piece of this work is building an accurate picture of the make-up of the workforce, both for those we employ and for those who apply to work with us.

The information contained in this form will not be seen by shortlisting or interviewing personnel and will not affect your application in any way. It is voluntary but we appreciate your cooperation.

The information you provide will be anonymised, stay confidential, and will be stored securely.

Please get in touch if you would like the form in an alternative format such as large print or Braille.

**Full Name:** Click or tap here to enter text.

**Position applied for:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Where did you hear about this vacancy?** | | | |
| Twitter | BDB website | Linked-In | Public Sector advert |
| Facebook | ASUK website | Third Sector advert | Word of mouth |
| If other, please write below:  Click or tap here to enter text. | | | |

Please select the category that you feel most describes your ethnic origin. If none of the specific groups are suitable, please select the relevant ‘other’ and provide further information in the space provided.

|  |  |
| --- | --- |
| 1. **What is your ethnic group?** | |
| **Asian/Asian British** | |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background  Please add information:  Click or tap here to enter text. |  |
| **Black/Black British** | |
| African |  |
| Caribbean |  |
| Any other Black background  Please add information:  Click or tap here to enter text. |  |
| **Mixed/multiple ethnic groups** | |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| White and Chinese |  |
| Any other Mixed/multiple ethnic background Please add information:  Click or tap here to enter text. |  |

|  |  |
| --- | --- |
| **White** | |
| British/ English/ Welsh/ Northern Irish/ Scottish |  |
| Gypsy or Irish Traveller |  |
| Irish |  |
| Any other White background  Please add information:  Click or tap here to enter text. |  |
| **Other ethnic group** | |
| Arab |  |
| Roma | ☐ |
| Please add information about any other ethnic group:  Click or tap here to enter text. | | |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **What is your religion or belief?** | |
| No religion or belief/ Atheist | ☐ |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Please add information about any other religion or belief:  Click or tap here to enter text. | |
| Prefer not to say | ☐ |

|  |
| --- |
| 1. **Languages** |
| **What languages do you speak?** |
| Click or tap here to enter text. |
| **What languages are you able to read?** |
| Click or tap here to enter text. |
| **What languages are you able to write?** |
| Click or tap here to enter text. |
| **What language do you prefer to communicate in?** |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| 1. **What age group do you belong to?** | | |
| 15 -19 | 20-24 | 25-29 |
| 30-34 | 25-39 | 40-44 |
| 45-49 | 50-54 | 55-59 |
| 60-64 | 65-69 | 70+ |
| Prefer not to say | | |

|  |  |
| --- | --- |
| 1. **Gender Identity**   **Which of the following options best describes how you think of yourself?** | |
| Woman [including trans woman] | ☐ |
| Man [including trans man] |  |
| Non-Binary |  |
| In another way  If you describe your gender with another term, please describe it here:  Click or tap here to enter text. |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **Trans Status**   Is your gender identity the same as the identity you were assigned at birth? | |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **Sexual Orientation** | |
| Heterosexual / Straight |  |
| Bi/bisexual |  |
| Gay/lesbian |  |
| Prefer not to say |  |
| Other sexual orientation not listed, please describe it here:  Click or tap here to enter text. | |

|  |  |
| --- | --- |
| 1. **Do you consider yourself to have a disability?** | |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **If you answered ‘yes’ to the last question, please indicate your disability:**   **(please tick all that apply)** | |
| Vision (e.g. sight impaired or severely sight impaired) | ☐ |
| Hearing (e.g. mild, moderate, severe or profound hearing loss) |  |
| Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects |  |
| Learning, concentrating or remembering |  |
| Mental health |  |
| Stamina or difficulty breathing |  |
| Social or behavioural  (e.g., due to autism, attention deficit disorder or Asperger’s syndrome) |  |
| Long term health condition  Click or tap here to enter text. | ☐ |
| Other |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **What is your legal marital or civil partnership status?** | |
| Divorced |  |
| Formerly in a registered civil partnership which is now dissolved |  |
| Registered civil partnership |  |
| Married |  |
| Never married and never registered a civil partnership |  |
| Separated, but still in a registered civil partnership |  |
| Separated, but still legally married |  |
| Surviving partner from a registered civil partnership |  |
| Widowed |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **Do you consider yourself to be a carer?**   **(carers are anyone who provides help or support to family members, friends, neighbours or others because of either a long-term physical or mental ill-health/disability, or needs related to old age)** | |
| Yes |  |
| No |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **12. What is your preferred working pattern?** | |
| Full-time |  |
| Part-time |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| 1. **Would you prefer a flexible working arrangement?** | |
| None | ☐ |
| Flexitime |  |
| Term time hours |  |
| Staggered hours |  |
| Other, please write below  Click or tap here to enter text. | ☐ |
| Prefer not to say | ☐ |

**Please email your completed form to Catherine Lewis, ASUK Office Manager at** [**catherine.lewis@alstrom.org.uk**](mailto:catherine.lewis@alstrom.org.uk) **or post to   
Alström Syndrome UK, 4 St Kitts Close, Torquay, Devon TQ2 7GD**

**Thank you for completing this form.**