**Equality and Diversity Form**

**Information for the Applicant**

The Methodist Circuit of Gloucestershire aims to have a workforce that reflects the diversity of talent, abilities and skills of our communities. This means that in line with the Equality Act 2010, we will monitor the composition of our workforce to ensure that it is representative and that all staff is treated equally and fairly.

All information will be treated in confidence and will not be seen by staff directly involved in the appointment. The questionnaire will be detached from your application form, stored separately and used only to provide statistics for monitoring purposes.

There is no obligation on you to provide information. All applicants will be treated the same whether or not they provide this information. Thank you for your assistance.

The information you provide will be held in the strictest confidence and adhere to the provisions of the Data Protection Act 2018. The Methodist Circuit of Gloucestershire is committed to protecting the privacy and security of your personal data.

For further information please refer to our Privacy Notice which can be viewed here:

[TMCP Privacy Notice - Trustees for Methodist Church Purposes](https://www.tmcp.org.uk/pages/tmcp-privacy-notice)

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| **Name:** |  |
| **Post applied for:** |  |
| **Location:** |  |

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| **Age** |
| Please state your age (number of years):       |

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| **Gender Identity**What is your gender identity? |
| [ ]  Male | [ ]  Female | [ ]  Non binary | [ ]  Prefer not to say |
| [ ]  I prefer to describe my gender in another way*Please state your preferred self-description of your gender here:*       |
| Is your gender identity the same as assigned to you at birth? |
| [ ]  Male | [ ]  Female | [ ]  Prefer not to say |

| **Nationality**Country of origin/Nationality/Country you most associate yourself with |
| --- |
| I would describe my nationality as:       |

| Religion or BeliefWhich category best describes your religion or belief?  |
| --- |
| [ ]  Baha’i | [ ]  Buddhist | [ ]  Christian | [ ]  Hindu | [ ]  Jewish |
| [ ]  No Religion | [ ]  Muslim | [ ]  Sikh | [ ]  Jain | [ ]  Prefer not to say |
| [ ]  Other (please specify)       |

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| **Sexual Orientation**Which of the following options best describes your sexual orientation? |
| [ ]  Heterosexual/Straight  | [ ]  Bisexual | [ ]  Prefer not to say |
| [ ]  Gay man | [ ]  Gay woman/lesbian | [ ]  If other, please specify:       |

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| **Ethnicity**I would describe myself as: |
| ***Asian or******Asian British*** | [ ]  | Bangladeshi | ***Black or Black British*** | [ ]  | African |
| [ ]  | Indian | [ ]  | Caribbean |
| [ ]  | Pakistani | [ ]  | Black British |
| [ ]  | Chinese | Any other Black/African/Caribbean background, please describe:      |
| *[ ]*  | Any other Asian background, please describe:       | ***Mixed/ Multiple Ethnic Groups*** | [ ]  | White & Asian |
| [ ]  | White & Black African |
| [ ]  | White & Black Caribbean |
| Any other Mixed/Multiple ethnic background, please describe:       |
| ***White*** | [ ]  | British | ***Other ethnic group*** | [ ]  | Arab |
| [ ]  | Irish |
| [ ]  | Gypsy or Irish Traveller | Any other ethnic group, please describe:       |
| Any other white background, please describe:       |
| [ ]  Please tick this box if the category in which you would closely associate yourself is not given above, and optionally, also tell us how you would describe yourself:       |

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| **Disability** |
| The Equality Act 2010 defines disability as *‘a physical or mental impairment which has a substantial & long-term effect on a person’s ability to carry out normal day to day activities’.* An effect is long-term if it has lasted, or is likely to last, over 12 months. |
| **Do you consider that you have a disability under the Equality Act definition?** |
| [ ]  Yes\* | [ ]  No | [ ]  Prefer not to say |
| **\***If **Yes,** please indicate the nature of your disability below:

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility/Manual Dexterity | [ ]  | Mental Health /  | [ ]  |
| Long-term medical condition or illness  | [ ]  | Cognitive Impairment | [ ]  |
| Visual Impairment | [ ]  | Dyslexia | [ ]  |
| Hearing Impairment | [ ]  |  |  |
| [ ]  Please tick this box if the category in which you would closely associate yourself is not given above, and optionally also tell us how you would describe yourself:       |

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| **\***If **Yes,** please advise of any reasonable adjustments you require for the purposes of the recruitment exercise:       |

**Thank you for assisting us by completing the questionnaire**