This section includes questions about protected characteristics (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion, Sex and Sexual Orientation). This information can help us better understand those who are applying for and participating in our ARC panels. They can also help us to monitor and evaluate the delivery of our vision. Please complete this monitoring form by placing a √ in the appropriate box within each category. If you do not wish to complete any section of this form, please leave it blank.

The information provided will be used for statistical purposes only to ensure that our recruitment processes uphold our commitment to equality of opportunity.

**GENDER IDENTITY**

What is your gender identity? Please tick the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Male (including trans male) |  | Female (including trans female) |  | Non binary |  | Other |  |
| If Other, please specify: | Prefer not to say | |

Is your gender identity the same as assigned to you at birth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

**AGE**

What is your age? Please tick the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 16 – 24 |  | 35 – 39 |  | 50 – 54 |  |
| 25 – 29 |  | 40 - 44 |  | 55 – 59 |  |
| 30 – 34 |  | 45 - 49 |  | 60 – 64 |  |
| 65+ |  | Prefer not to say | | | |

**MARITAL STATUS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Single | Divorced | Widowed | Married | Civil Partnership | Dissolved civil partnership | Prefer not to say |

**ETHNIC GROUP**

Which category best describes your ethnicity? Please tick the appropriate box to indicate your ethnic background.

| *White* | British |  |  | *Black or*  *Black British* | Caribbean |  |
| --- | --- | --- | --- | --- | --- | --- |
| Irish |  |  | African |  |
| Other white background |  |  | Other black background |  |
|  | | | | | | |
| *Mixed* | White & Black Caribbean |  |  | *Asian or*  *Asian British* | Indian |  |
| White & Black African |  |  | Pakistani |  |
| White & Asian |  |  | Bangladeshi |  |
| Other mixed background |  |  | Other Asian background |  |
|  | | | | | | |
| *Chinese* | |  |  | *Other ethnic group, please specify:* | |  |
| *Prefer not to say* | |  |

**DISABILITY**

Do you consider yourself to have a disability or impairment that has (or would have without treatment) a long term adverse effect on your ability to carry out one or more day to day activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

If Yes, please indicate the nature of your disability:-

|  |  |  |  |
| --- | --- | --- | --- |
| Mobility/Manual Dexterity |  | Mental Health / Cognitive Impairment |  |
| Visual Impairment |  | Dyslexia |  |
| Hearing Impairment |  | Other (please specify below) |  |
| Prefer not to say |  |  |  |

If other, please give further information:

|  |
| --- |
|  |

If yes, please advise of any reasonable adjustments you may require for the purposes of the online recruitment exercise and/or as part of the panel:

|  |
| --- |
|  |

**SEXUAL ORIENTATION**

Which of the following options best describes your sexual orientation?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Heterosexual |  | Bi-sexual |  | Questioning/Unsure |  | Asexual |  |
| Gay |  | Lesbian |  | Prefer not to say |  | If Other, please specify: |  |

**RELIGION OR BELIEF**

Which category best describes your religion or belief? Please tick the appropriate box.

| Atheist |  | Buddhist |  | Christian |  | Hindu |  | No Religion |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Judaism |  | Muslim |  | Other |  | Sikh |  | Prefer not to say |  |
| If Other, please specify: | | |

**CARING RESPONSIBILITIES**

Do you currently have caring responsibilities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

If yes, please indicate the nature of your main caring responsibilities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child or minor dependant |  | Partner – marriage/civil |  | Parent |  |
| Sibling/brother or sister |  | Partner - Other |  | Other (please specify) |  |

If other, please give further information:

|  |
| --- |
|  |