**A green and white logo

Description automatically generated**

**Equal opportunities monitoring and information form**

The Green House is committed to our Equity, Equality, Diversity and Inclusion policy, which includes not discriminating based on Protected Characteristics as defined in the Equality Act 2010 as well as a desire for our workforce to reflect the communities we support.

Completing this form is voluntary. The information you provide here is confidential and will be used for monitoring purposes only. **It will not be seen by the short-listing or interview panels.** Please return this form with your application to recruitment@the-green-house.org.uk.

**Please tick the boxes that apply to you:**

**What is your age?**

18 – 25

26 – 35

36 – 45

46 – 55

56+

Prefer not to say

**How would you describe your gender identity?**

Male

Female

Non-binary

Other: please state …………………………………………………

Prefer not to say

**Do you consider yourself to be trans, or have a trans history?**

Yes

No

Prefer not to say

**What is your ethnic group?**

**White**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background: …………………………………………………

**Asian or Asian British**

Bangladeshi

Chinese

Indian

Pakistani

Any other Asian background: …………………………………………………

**Black or Black British**

African

Caribbean

Any other Black background: …………………………………………………

*Continued on Page 2*

**Mixed or Multiple ethnic groups**

White and Asian

White and Black African

White and Black Caribbean

Any other Mixed or Multiple background: …………………………………………………

**Other ethnic group**

Arab

Any other ethnic group: …………………………………………………

Prefer not to say

**Which of the following best describes your sexual orientation?**

Straight/Heterosexual

Gay or Lesbian

Bisexual

Other: please state …………………………………………………

Prefer not to say

**What is your religion?**

No religion

Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Other: please state …………………………………………………

Prefer not to say

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

Yes

No

Prefer not to say

If yes, what is the effect or impact of your disability or health condition on your work?

|  |
| --- |
|  |

The information in this form is for monitoring purposes only. If you require reasonable adjustments to your working environment, then please discuss this with the manager running the recruitment process.