

**Equality and diversity monitoring form**

City & Guilds commits to equality, diversity and inclusion, through a range of polices for Associates. This includes not discriminating under the Equality Act 2010.

We need your help and co-operation to enable us to do this, by completing this form.

Providing this information to City & Guilds is voluntary. Any information you provide will remain confidential, and we will only process your personal data in accordance with our privacy policy located at; <https://www.cityandguildsgroup.com/group-policies>

🗆 I agree that City & Guilds may use the information I provide to it on this form for the purposes of monitoring equality and the diversity of its Associates.

Please email your completed form to **associate.moderator@cityandguilds.com**

**Gender**

Male 🗆 Female 🗆 Prefer not to say 🗆

**Are you married or in a civil partnership?**

Yes 🗆 No 🗆 Prefer not to say 🗆

**Age**

16-24🗆 25-29 🗆 30-34 🗆 35-39🗆 40-44 🗆

45-49 🗆 50-54 🗆55-59 🗆 60-64 🗆 65+ 🗆

Prefer not to say 🗆

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English 🗆 Welsh 🗆 Scottish 🗆 Northern Irish 🗆 Irish 🗆

British 🗆 Gypsy or Irish Traveller 🗆

Any other white background, please write in:

Prefer not to say 🗆

***Mixed/multiple ethnic groups***

White and Black Caribbean 🗆 White and Black African 🗆

White and Asian 🗆

Any other mixed background, please write in:

Prefer not to say 🗆

***Asian/Asian British***

Indian 🗆 Pakistani 🗆 Bangladeshi 🗆 Chinese 🗆

Any other Asian background, please write in:

Prefer not to say 🗆

***Black/ African/ Caribbean/ Black British***

African 🗆 Caribbean 🗆

Any other Black/African/Caribbean background, please write in:

Prefer not to say 🗆

***Other ethnic group***

Arab 🗆

Any other ethnic group, please write in:

Prefer not to say 🗆

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

Yes🗆 No 🗆

Prefer not to say 🗆

What is the effect or impact of your disability or health condition on your ability to carry out contracted work? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with the Associate Quality team; associate.moderator@cityandguilds.com

 **What is your sexual orientation?**

Heterosexual 🗆 Gay woman/lesbian 🗆 Gay man 🗆 Bisexual 🗆

Prefer not to say 🗆

If other, please write in:

**What is your religion or belief?**

No religion or belief 🗆 Buddhist 🗆 Christian 🗆 Hindu 🗆

Jewish 🗆 Muslim 🗆 Sikh 🗆

If other religion or belief, please write in:

Prefer not to say 🗆

**Thank you for taking time to complete this form.**

