

Equalities Monitoring Information

This information will be used for monitoring purposes only; your manager will not see any information on this form.

Workforce Information
Human Resources Department
Airedale General Hospital
Tel: 01535 294872

NHS organisations recognise and actively promote the benefits of a diverse workforce and are committed to treating all employees with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Which Trust did you work at before coming to Airedale

Ethnic Origin

I would describe my ethnic origin as:

<p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background	<p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background	<p>Other Ethnic Group</p> <input type="checkbox"/> Chinese
<p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<p>Any other ethnic group (Please state)</p> <input type="checkbox"/> <input style="width: 150px; height: 25px;" type="text"/>
<input type="checkbox"/> I do not wish to disclose my ethnic origin		

Sexual Orientation

Please select the option which best describes your sexuality

<input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose my sexual orientation
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Religious Belief

Please indicate your religion or belief

<input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Islam	<input type="checkbox"/> Jainism <input type="checkbox"/> Sikhism <input type="checkbox"/> Other	<input type="checkbox"/> Hinduism <input type="checkbox"/> Judaism <input type="checkbox"/> I do not wish to disclose my religious belief
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Disability

Do you consider yourself to have a disability?

Yes
 No

I do not wish to disclose this information

If Yes, please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'.

Physical impairment Sensory impairment
 Mental health condition Learning disability/difficulty
 Long-standing illness Other

I confirm that the information I have provided is correct to best of my knowledge.

Print Name

Signed

Date

Office Use Only
Stamp:

Input by

Checked by: