

## EQUALITIES DATA COLLECTION FORM

We want to understand the make-up of our workforce in order to address discrimination and promote equality of opportunity and access to our services. With your help, we can build data that accurately reflects the diversity of our workforce and shape the future planning of our diversity, equality and inclusion work.

Data will be recorded and processed on our database in accordance with the General Data Protection Regulation (GDPR) principles. The data will be used with strict confidentiality and we will never share this data without your explicit consent. If this form is used for the purpose of recruitment, it will not be seen by any person involved in the selection for the post you are applying for.

Thank you for sharing your information with us. If you would like further information, or if you have any questions, please contact Stuart Budgen at [stuart.budgen@college.pnn.police.uk](mailto:stuart.budgen@college.pnn.police.uk)

### Age

What is your date of birth?

DD/MM/YY

### Disability

Disability is a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. This includes progressive and long-term conditions from the point of diagnosis, such as HIV, multiple sclerosis, cancer, mental illness or mental health problems, learning disabilities, dyslexia, diabetes, and epilepsy. This also includes 'disabled' as per the definition set out in the Equality Act 2010, as well as wider conditions, including neurodiversity.

Do you consider yourself to have a disability according to the definition above?

Yes ☐ No ☐ Prefer not to say ☐

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', please discuss this with your manager, or, if you are a job applicant, the manager running the recruitment process.

### Marriage and civil partnership

Are you:

Married	<input type="checkbox"/>
In a civil partnership	<input type="checkbox"/>
Not married or in a civil partnership	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

### Pregnancy and maternity leave

Are you pregnant, currently on or returning from maternity/paternity/adoption leave?

Yes ☐  
No ☐  
Prefer not to say ☐

If you ticked 'Yes' to the above, please answer the following question:

Pregnant	<input type="checkbox"/>
On maternity/paternity/adoption leave	<input type="checkbox"/>

Returning from maternity/paternity/adoption leave ☐

## Race

Please choose one option that best describes your ethnic group or background.

- |                                                       |                          |
|-------------------------------------------------------|--------------------------|
| White – English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> |
| White – Irish                                         | <input type="checkbox"/> |
| White – Gypsy or Irish Traveller                      | <input type="checkbox"/> |
| White – any other white background                    | <input type="checkbox"/> |
| Mixed – Asian and white                               | <input type="checkbox"/> |
| Mixed – Black African and white                       | <input type="checkbox"/> |
| Mixed – Black Caribbean and white                     | <input type="checkbox"/> |
| Mixed – any other mixed background                    | <input type="checkbox"/> |
| Asian or Asian British – Indian                       | <input type="checkbox"/> |
| Asian or Asian British – Pakistani                    | <input type="checkbox"/> |
| Asian or Asian British – Bangladeshi                  | <input type="checkbox"/> |
| Asian or Asian British – Chinese                      | <input type="checkbox"/> |
| Asian or Asian British – any other ethnic background  | <input type="checkbox"/> |
| Black or Black British – African                      | <input type="checkbox"/> |
| Black or Black British – Caribbean                    | <input type="checkbox"/> |
| Black or Black British – any other black background   | <input type="checkbox"/> |
| Other ethnic group – Arab                             | <input type="checkbox"/> |
| Other ethnic group – any other ethnic background      | <input type="checkbox"/> |
| Prefer not to say                                     | <input type="checkbox"/> |

## Religion or belief

What is your religion or belief?

- |                                                                                                     |                          |                        |
|-----------------------------------------------------------------------------------------------------|--------------------------|------------------------|
| No religion                                                                                         | <input type="checkbox"/> |                        |
| Buddhist                                                                                            | <input type="checkbox"/> |                        |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> |                        |
| Hindu                                                                                               | <input type="checkbox"/> |                        |
| Jewish                                                                                              | <input type="checkbox"/> |                        |
| Muslim                                                                                              | <input type="checkbox"/> |                        |
| Sikh                                                                                                | <input type="checkbox"/> |                        |
| Any other religion (please describe)                                                                | <input type="checkbox"/> | (Option for free text) |
| Prefer not to say                                                                                   | <input type="checkbox"/> |                        |

## Sex

Which of the following options best describes your sex?

Please tick one option.

- |                        |                          |       |
|------------------------|--------------------------|-------|
| Intersex               | <input type="checkbox"/> |       |
| Female                 | <input type="checkbox"/> |       |
| Male                   | <input type="checkbox"/> |       |
| Other (please specify) | <input type="checkbox"/> | _____ |
| Prefer not to say      | <input type="checkbox"/> |       |

## Gender identity

What best describes your gender?  
Please tick one option.

- Female ☐
- Male ☐
- Prefer to self-describe ☐ \_\_\_\_\_
- Prefer not to say ☐

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

- Yes ☐
- No ☐
- Prefer not to say ☐

## Sexual orientation

What is your sexual orientation?

- Bisexual ☐
- Gay/Lesbian ☐
- Heterosexual ☐
- Prefer to self-describe ☐ \_\_\_\_\_
- Prefer not to say ☐