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# **Diversity Monitoring Form**

# This Diversity Monitoring Form must be completed to supplement your application. Please ensure your application contains an up to date CV, a completed Declaration Form and Supporting Statement and a completed Diversity Monitoring Form.

# London's Air Ambulance is committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve.

# You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to know if we are succeeding in involving different groups of people, and to change our approach if some groups are not represented.

# **Data protection**

# The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data to inform discussions about improving the diversity of our patient safety partners and inclusivity of participation opportunities, but no information will be published or used in any way which allows an individual to be identified.

# All details are held in accordance with the Data Protection Act 2018. The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and sexual orientation. If you would like this information in an alternative format, or would like help in completing the form, please contact us.

# **GENDER IDENTITY**

# **What is your gender identity?** \*

# [ ] Male

# [ ] Female

# [ ] Non-binary

# [ ] Prefer not to say

# [ ] Prefer to self-identify, please write in Click or tap here to enter text.

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

# *This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery*.

#  [ ] Yes

# [ ] No

# [ ] Prefer not to say

# **AGE**

# **3. What is your age? \***

# [ ] 16-24

# [ ] 25-29

# [ ] 30-34

# [ ] 35-39

# [ ] 40-44

# [ ] 45-49

# [ ] 50-54

# [ ] 55-59

# [ ] 60-64

# [ ] 65+

# [ ] Prefer not to say

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# **MARITAL STATUS**

# **4. What is your marital status? \***

# [ ] Divorced

# [ ] Widowed

# [ ] Registered Civil Partnership

# [ ] Dissolved Civil Partnership

# [ ] Married

# [ ] Never married and never registered a civil partnership

# [ ] Separated, but still in a registered civil partnership

# [ ] Separated, but still legally married

# [ ] Surviving partner from a registered civil partnership

# [ ] Prefer not to say

# [ ] Other Click or tap here to enter text.

# **ETHNIC GROUP**

# **5.** **Which category best describes your ethnicity**? \*

# [ ] White- Welsh/English/Scottish/Northern Irish/British Irish

# [ ] White- Gypsy or Irish Traveller

# [ ] Other White background

# [ ] Mixed- White & Black Caribbean

# [ ] Mixed- White & Black African

# [ ] Mixed- White & Asian

# [ ] Other mixed background

# [ ] Asian or Asian British- Indian

# [ ] Asian or Asian British- Pakistani

# [ ] Asian or Asian British- Bangladeshi

# [ ] Asian or Asian British- Chinese

# [ ] Other Asian background

# [ ] Black or Black British- Caribbean

# [ ] Black or Black British- African

# [ ] Other Black background

# [ ] Other ethnic group

# [ ] Prefer not to say

# [ ] Other Click or tap here to enter text.

# **DISABILITY**

# **6.** **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? If Yes, please indicate the nature of your disability**. \*

# [ ] No

# [ ] Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects

# [ ] Vision (eg due to blindness or partial sight)

# [ ] Hearing (eg due to deafness or partial hearing)

# [ ] Mental Health

# [ ] Stamina or difficulty breathing

# [ ] Learning, concentrating or remembering

# [ ] Social or behavioural issues (eg due to autism, attention deficit disorder or

# Asperger’s syndrome)

# [ ] Prefer not to say

# [ ] Other impairment Click or tap here to enter text.

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# **7. If yes, please advise of any reasonable adjustments you require whilst at work and to support you in your role**:

# Click or tap here to enter text.

# **SEXUAL ORIENTATION**

# **8. Which of the following options best describes your sexual orientation? \***

#  [ ] Heterosexual/straight

# [ ] Bi-sexual

# [ ] Gay

# [ ] Lesbian

# [ ] Prefer to self-identify

# [ ] Prefer not to say

# [ ] Other Click or tap here to enter text.

# **RELIGION OR BELIEF**

# 9. **Which category best describes your religion or belief?** \*

# [ ] Atheist

# [ ] Buddhist

# [ ] Christian

# [ ] Hindu

# [ ] Jewish

# [ ] Muslim

# [ ] Sikh

# [ ] No religion

# [ ] Prefer not to say

# [ ] Other religion

# [ ] Other Click or tap here to enter text.

# **CARING RESPONSIBILITIES**

# **10. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability, or problems related to old age?**

# [ ] No

# [ ] Yes -1-19 hours a week

# [ ] Yes- 20-49 hours a week

# [ ] Yes- 50 or more hours a week

# [ ] Prefer not to say

# **11. 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

# [ ] Prefer not to say

# [ ] Other Click or tap here to enter text.

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