# 

EQUALITIES MONITORING FORM

Alexandra Palace is committed to working towards equality of opportunity and will not discriminate either directly or indirectly because of race, sex, sexual orientation, gender reassignment, religion or belief, marital or civil partnership status, age, disability, or pregnancy and maternity

Although you are not required to complete this form, we would like to encourage you to do so because receiving this information will mean we can undertake analysis to either ensure our processes are fair or make changes to how we work.

All information will be treated in confidence. The questionnaire will be stored securely and used only to provide statistics for monitoring purposes.

**Employee’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Age Range** (please tick one)

18 - 25 26-34 35-44 45-54 55-64

65 + Prefer not to say

**2a) Gender** (please tick one)

Male Female Non-Binary Prefer not to say

**2b) Do you identify as transgender?**

Yes No Prefer not to say

1. **Marital Status**

Married (opposite sex) Married (same sex) Civil Partner

Single Other

1. **Sexual Orientation**

A Bisexual D Heterosexual / Straight

B Gay Man E Other (please state)

C Gay Woman / Lesbian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F Prefer not to say

1. **Ethnic Origin**

A1 **Arab Dual Heritage:**

**Asian or British Asian:** D1 Asian and White

A2 Asian Bangladeshi D2 Black African and White

A3 Asian Indian D3 Black Caribbean and White

A4 Asian Pakistani D4 Any other dual heritage background

A5 Chinese D5 Any other ethnic group (please state)

A6 Any other Asian background

**Black or British Black: White:**

B1 Black African W1 White

B2 Black Caribbean W2 Irish

B3 Any other Black background W3 Gypsy or Irish Traveller

W4 Any other White background

1. **Do you consider yourself to be disabled?**

In accordance with the Equality Act 2010, a disability is a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.

Yes No Prefer not to say

**6b) If Yes, please indicate**:

A Cognitive or learning disabilities E Physical disabilities

B Hearing impairment F Visual impairment

C Invisible disabilities G Other long term / chronic condition

D Mental health condition

**7) Religion or Belief**

A Buddhist F No Religion

B Christian G Sikh

C Hindu G Spiritual

D Jewish I Prefer not to say

E Muslim J Other (please state)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Data protection:** Alexandra Palace treats personal data collected for reviewing equality of opportunity in recruitment, selection and employment within the organisation in accordance with its data protection policy. Information about how your data is used and the basis for processing is provided in the organisation's employee privacy notice.

I hereby give my consent to Alexandra Palace processing the data supplied in this form for the purpose of equal opportunities monitoring in recruitment and selection and employment within the organisation I understand that I may withdraw my consent to the processing of this data at any time by notifying Human Resources.

Signed employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this Form.**