

EQUALITY AND DIVERSITY MONITORING

The SR Group believes that equality and diversity in the workplace is socially, ethically and morally desirable and has a policy that states that discrimination is not acceptable in any form. Equality and diversity means that all individuals will be valued and will be supported in fulfilling their potential. In order to support our policy we would like to collect certain key information solely for the purposes of monitoring.

The information on this form will be detached from your registration form and will be used for monitoring purposes only. It will not form part of any selection process. The information will be held and processed in accordance with the Data Protection Act.

1) What is your ethnic group? Please tick the box that you feel most adequately describes your ethnic origin. Ethnic origin does not mean “nationality” but refers to the people or culture with which a person’s immediate family identify.		
A. White <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background – please specify _____</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Scottish <input type="checkbox"/> Welsh _____</td></tr></table>	<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background – please specify _____	<input type="checkbox"/> Scottish <input type="checkbox"/> Welsh _____
<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background – please specify _____	<input type="checkbox"/> Scottish <input type="checkbox"/> Welsh _____	
B. Mixed <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background – please specify _____</td></tr></table>	<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African	<input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background – please specify _____
<input type="checkbox"/> White and black Caribbean <input type="checkbox"/> White and black African	<input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background – please specify _____	
C. Asian or Asian British <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background – please specify _____</td></tr></table>	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background – please specify _____
<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background – please specify _____	
D. Black or Black British <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Caribbean <input type="checkbox"/> Any other black background – please specify _____</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> African _____</td></tr></table>	<input type="checkbox"/> Caribbean <input type="checkbox"/> Any other black background – please specify _____	<input type="checkbox"/> African _____
<input type="checkbox"/> Caribbean <input type="checkbox"/> Any other black background – please specify _____	<input type="checkbox"/> African _____	
E. Chinese or other ethnic group <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Chinese <input type="checkbox"/> Any other– please specify _____</td><td style="width: 50%; vertical-align: top;">_____</td></tr></table>	<input type="checkbox"/> Chinese <input type="checkbox"/> Any other– please specify _____	_____
<input type="checkbox"/> Chinese <input type="checkbox"/> Any other– please specify _____	_____	
F. <input type="checkbox"/> Information refused		
2) Gender		
<input type="checkbox"/> Male <input type="checkbox"/> Female		
3) Disability		
<input type="checkbox"/> I do not have a disability <input type="checkbox"/> I have a disability as defined by the Disability Discrimination Act (DDA) 1995 (the DDA states that a person has a disability if she/he has a physical or mental impairment which has a substantial and long-term effect on her/his ability to carry out normal day-to-day activities). Please state the nature of your disability.		
4) Age Group		
<table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> 16-21 <input type="checkbox"/> 22-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> 51-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 65+</td></tr></table>	<input type="checkbox"/> 16-21 <input type="checkbox"/> 22-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 65+
<input type="checkbox"/> 16-21 <input type="checkbox"/> 22-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 65+	

Thank you for completing this form.