



Diversity Monitoring Form

Which one of the following best describes your sex? This should be your sex as described on your birth certificate or gender recognition certificate.			
Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		
Does your gender identity match the gender that you were assigned at birth?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
If no, which of the following options best describes your gender identity?			
Female (including trans women)	<input type="checkbox"/>	Male (including trans man)	<input type="checkbox"/>
Non-binary	<input type="checkbox"/>	Unsure	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Gender identity not listed, please state below	<input type="checkbox"/>
Marital status and living arrangements. Are you...?			
Single, never married and never registered a civil partnership	<input type="checkbox"/>	Married and living with your partner	<input type="checkbox"/>
Married and separated from your partner	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>	In a registered civil partnership	<input type="checkbox"/>
Separated but still legally in a civil partnership	<input type="checkbox"/>	Formally in a civil partnership which legally dissolved	<input type="checkbox"/>
Surviving partner from civil partnership	<input type="checkbox"/>	Cohabiting	<input type="checkbox"/>
If living with someone as a couple (whether cohabiting, married or in a civil partnership), is this person...			
Opposite sex	<input type="checkbox"/>	Someone of the same sex	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		

How would you describe your ethnicity?

White:

British Irish

Gypsy or Irish Traveller Any other white background, please state below

Black, African, Caribbean or Black British:

African Caribbean

Any other Black, Black British, Caribbean or African background, please state below

Asian or Asian British

Indian Pakistani

Bangladeshi Chinese

Any other Asian background, please state below

Mixed or multiple ethnic groups:

White and Black Caribbean White and Black African

White and Asian Any other mixed or multiple background, please state below

Other ethnic group

Arab Arab British

Prefer not to say Any other ethnic group, please state below

Is your age between			
16-24	<input type="checkbox"/>	25-34	<input type="checkbox"/>
35-44	<input type="checkbox"/>	45-54	<input type="checkbox"/>
55-64	<input type="checkbox"/>	65 and over	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>		
Which of the following best describes your sexual orientation?			
Bisexual	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>	Heterosexual / straight	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Something else, please state	<input type="checkbox"/>		
How would you describe your religion / faith?			
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"/>	No religion	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Any other religion, please state below			<input type="checkbox"/>

Do you consider yourself neurodiverse, disabled or suffering from a long term health condition which impacts on your ability to carry out day-to-day activities? Please select all that apply	
Yes – disabled	<input type="checkbox"/>
Yes – neurodiverse (neurodiversity commonly refers to people with, ADHD, Autism spectrum disorder, Dyslexia, Dyspraxia, and other learning disabilities)	<input type="checkbox"/>
Yes – long term health condition	<input type="checkbox"/>
Please specify below the areas in which you condition or illness affects you, or select prefer not to say	Prefer not to say <input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	
Is your health condition lasting or expected to last 12 months or more?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Don't know <input type="checkbox"/>	
Do you have any dependent children (this includes children aged 16 and under and children aged 17-19 in full time education)	
Yes	No
Prefer not to say	
Do you look after, or give any help or physical support to, anyone because they have long term physical or mental health conditions or illnesses, or problems related to old age? Do not include paid employment.	
Yes	No
Prefer not to say	
Have you previously served in the UK Armed Forces?	
Yes, previously served in Regular Armed Forces _____	
Yes, previously serviced in Reserve Armed Forces	
No	