

We are committed to promoting equality and unlawful discrimination. One way of achieving this is by recruiting a workforce that reflects the diverse communities we serve. We understand that some of this information is personal and sensitive in nature. The information you provide will help us to ensure that our advertising and recruitment process is succeeding in involving different groups of people, and to change our approach if some groups are not represented.

The information provided in this form will:

- Not be used as part of the selection process,
- Not be seen by the recruitment panel,
- Not be published or used in any way which allows any individuals to be identified.

All details are held in accordance with the Data Protection Act 1988.

If you would like this information in an alternative format, or would like help in completing the form, please contact us on <u>dlc@derbyshirelawcentre.org.uk</u>.

Age					
Please identify which age group you belong to:					
16-24	25-34	35-44	45-54	55-64	65+

Gender				
What gender do you identify as?				
Male	Female	Non-binary	Prefer not to say	
Prefer to identify as				
Do you identify with the gender you were registered with at birth?				
Yes	No		Prefer not to say	

Sexual Orientation					
Which of the following options best describes your sexual orientation?					
Bisexual	Gay	Heterosexual	Lesbian	Prefer not to say	
Prefer to identify as					

Ethnic Origin

Ethnic origin categories are not about nationality, birthplace or citizenship. They are about the group to whom you see yourself as belonging to. Please tick whichever group you see yourself belonging to.

Prefer not to say

Asian or Asian British						
Bangladeshi Indian		Pakistani	Other – please state			
Black or Black British						
Black – African	Black – Carik	obean	Other – please state			
Multiple Ethnic Group	Multiple Ethnic Groups or Mixed					
White & Black African	White &	Black Afro-Caribbea	n White & Asian			
Other – please state						
White						
British	Irish	Other – please s	tate			

Carers responsibilities			
Do you have caring responsibilities? If yes, please tick all that apply			
None	Primary carer of a child/children (under 18)		
Primary carer of disabled child/children	Primary carer of disabled adult (18 and over)		
Primary carer of older person Prefer not to say			
Secondary carer (another person carried out the main caring role)			

Health issues and disability				
Do you have any health issues or disabilities? Please tick any relevant boxes for issues which have lasted, or are expected to last for 12 months or more.				
Hearing	Learning, concentrating or rem	embering	Mental health	
Mobility	Other impairment	Vision	Sensory	
Chronic pain	Social or behavioural issues		Prefer not to say	

Religion or belief				
Buddhist	Christian	Hindu	Jewish	Muslim
Sikh	Other	No religion or a	theist	l prefer not to say