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# Equal opportunities monitoring information

Dignity in Dying and Compassion in Dying value diversity and work to advance equality. We encourage and welcome applicants from all sections of society. We ask applicants to complete and return an equal opportunities monitoring form with their application, to help us check the effectiveness of our recruitment and equality and diversity policies.

This information will be treated confidentially and will be separated from your application on receipt. This information will not form part of your application and will not be seen by the panel shortlisting or interviewing applicants.

If you choose not to complete this form, your application will not be affected. You may also send this form in separately should you wish.

Name

Please choose one option from each of the sections listed below and then tick the appropriate box.

### Your age

      years       months

### Your gender

Female

Male

Non-binary

Other

Prefer not to say

### Is your gender identity the same as the gender you were originally assigned at birth?

Yes

No

Prefer not to say

### Your ethnic group (options are listed alphabetically)

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background, (specify if you wish)

### Black or Black British

Caribbean

African

Any other Black background, (specify if you wish)

### Chinese or other Asian ethnic group

Chinese

Any other Asian ethnic background, (specify if you wish)

### Mixed

White and Asian

White and Black African

White and Black Caribbean

Any other mixed background, (specify if you wish)

### White

British

Irish

Gypsy or traveller Any other white background, (specify if you wish)

### Religion or belief

Which group below do you most identify with?

No religion

Bahai

Buddhist

Christian

Jain

Jewish

Hindu

Muslim

Sikh

Other, please state

Prefer not to say

### Sexual orientation

Please indicate whether any of the following apply to you.

Asexual

Bisexual

Gay man

Gay woman/lesbian

Heterosexual

Pansexual

Other

Prefer not to say

### Disability

Do you consider yourself to have a disability, impairment health condition or learning difference?

Yes

No

Unsure

Please describe your disability, impairment or health condition. You may mark one of the boxes below, or use your own words here.

Physical impairment or a condition that affects your mobility such as an impairment that requires you to use a wheelchair or affects arm movement

Sensory impairment, such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment

Mental health condition, such as depression or schizophrenia

Learning difference such as dyslexia

Learning disability or cognitive impairment such as autism or a head-injury

Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy

Other, such as disfigurement (please specify)