

MONITORING FORM

All Local Policing Bodies are firmly committed to promoting equality of opportunity for all local people and communities, irrespective of gender, ethnic origin, disability, religious belief, sexual orientation, age or any other irrelevant factor. We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness and fairness of our policy and processes.

This information is for statistical monitoring purposes only. IT WILL NOT FORM PART OF THE SELECTION PROCESS.

|  |  |
| --- | --- |
| Ref No |  |

**A. GENDER (tick one box)**

 Male [ ]  Female [ ]

**B. ETHNIC GROUP - National Census Categories for England and Wales (tick one box)**

**How would you describe your ethnic origin?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **WHITE** |  | **MIXED** |  | **ASIAN OR ASIAN BRITISH** |  |
| British | 🞎 | White and Black Caribbean | 🞎 | Indian | 🞎 |
| Irish | 🞎 | White and Black African | 🞎 | Pakistani | 🞎 |
| Any other white background | 🞎 | White and Asian | 🞎 | Bangladeshi | 🞎 |
|  |  | Any other mixed backgroundPlease specify: | 🞎 | Any other Asian backgroundPlease specify: | 🞎 |
|  |  |
|  |  |  |  |
| **BLACK AND BLACK BRITISH** | **CHINESE OR OTHER ETHNIC GROUP** |  |
| Caribbean | 🞎 | Chinese | 🞎 |  |  |
| African | 🞎 | Any other Ethnic groupPlease specify: | 🞎 |  |  |
| Any other black backgroundPlease specify: | 🞎 |  |  |
|  |  |  |  |  |  |

**C. DISABILITY**

|  |
| --- |
| **Do you consider yourself to have a disability?** |
| Yes 🞎 No 🞎 Prefer not to say 🞎 |

|  |
| --- |
| **If yes, please describe your disability so that the Local Policing Body can make appropriate provision** |
|  |

**D SEXUAL ORIENTATION**

**How would you describe your sexual orientation?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bisexual | 🞎 | Heterosexual | 🞎 | Lesbian/Gay | 🞎 |
| Prefer not to say | 🞎 |  |  |  |  |

**E. RELIGION AND BELIEF (National Census Categories for England and Wales)**

**How would you describe your religious belief?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Buddhist | 🞎 | Christian | 🞎 | Hindu | 🞎 |
| Jewish | 🞎 | Muslim | 🞎 | Sikh | 🞎 |
| No Religion | 🞎 | Prefer not to say | 🞎 | Other: | 🞎 |

**F. LANGUAGE REQUIREMENTS**

|  |
| --- |
| **Do you have any language requirements you would like to tell us about?****Yes** **[ ]  No** **[ ]**  |
| **If yes, please tell us what these are:** |

**THANK YOU FOR COMPLETING AND RETURNING THESE FORMS**