# Logo Description automatically generated Equality and diversity monitoring form (Chief Executive Role)

LAGwants to meet the aims and commitments set out in its equality policy which is designed to ensure that we recruit people who reflect the diverse communities we serve. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce to encourage equality and diversity.

The organisation needs your help and co-operation to enable it to do this, but filling in this form is voluntary. The information you provide will help us to ensure that our recruitment processes are fair to all and allow us to attract diverse and talented candidates. You can select ‘prefer not to say’ if you would rather not answer any question.

The information you provide will not be used as part of the selection process and will not be seen by the interview panel. **Please email this form to** [**lag@lag.org.uk**](mailto:lag@lag.org.uk) **headed ‘Monitoring Form’.**

We thank you for your help with this.

**Gender** Male  Female 

I self identify as:

Prefer not to say 

**Age** 16–24  25–34  35–44  45–54  54–64  65+ 

Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English/Welsh/Scottish/Northern Irish 

Irish 

Gypsy or Irish Traveller 

Any other white background,   
please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean 

White and Black African 

*Continues overleaf*

White and Asian 

Any other mixed/multiple ethnic background,   
please write in:

***Asian/Asian British***

Indian 

Pakistani 

Bangladeshi 

Chinese 

Any other Asian background,   
please write in:

***Black/African/Caribbean/Black British***

African 

Caribbean 

Any other Black/African/Caribbean   
background, please write in:

***Other ethnic group***

Arab 

Any other ethnic group, please write in:

Prefer not to say 

**Disability**

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

Yes

No 

Prefer not to say 

*Continues overleaf*

If you have answered yes to the question above, what is the effect or impact of your disability or health condition on your ability to carry out day-to-day activities? Please write in here:

|  |
| --- |
|  |

**What is your sexual orientation?**

Bisexual 

Gay or Lesbian 

Heterosexual 

If you prefer to use your own   
term, please write in:

Prefer not to say 

**What is your religion or belief?**

No religion or belief 

Buddhist 

Christian 

Hindu 

Jewish 

Muslim 

Sikh 

If other religion or belief,   
please write in:

Prefer not to say 