**Equality and Diversity Monitoring Form**

Tyne Housing wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010, and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

Tyne Housing needs your help and co-operation to enable it to do this, but filling in this form is voluntary.

1. **Gender**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Man  |   | Woman  |  | Non-binary |  | Prefer not to say  |  |

1. **Are you married or in a civil partnership?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes  |  | No  |  | Prefer not to say |  |

1. **Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 25 |  | 25 - 40 |  | 40- 55  |  |
| Over 55 |  | Over 65 |  |  |  |

1. **What is your ethnicity?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British  |  | White European |  | White non-European |  |
| White/Black Caribbean |  | White and Black African |  | White and Asian  |  |
| Indian  |  | Pakistani |  | Bangladshi  |  |
| Chinese |  | Afican  |  | caribbean |  |
| Arab  |  | Prefer not to say |  |  |  |

1. **What is your sexual orientation?**

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

If you would prefer to use your own term, please specify here

………………………………………………………………………………………………………………………………………………………………………………………….

1. **What is your religion or belief?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No religion or belief  |  | Buddhist |  | Christian |  | Hindu |  |
| Jewish |  | Muslim |  | Sikh |  | Prefer not to say |  |

If other religion or belief, please write here

……………………………………………………………………………………………………………………………………………………………………………………………….

1. **Do you have caring responsibilities? If yes please tick all that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| None  |  | Primary carer for child/children under 18 |  |
| Primary carer of a disabled Child/children |  | Primary carer of disabled adult/adults (18 and over) |  |
| Primary carer of older person |  | Secondary Carer (another person carries out the main caring role) |  |
| Prefer not to say  |  |  |  |

Thank you for completing this form please return with your application form.