

## Equality and Diversity Monitoring Form

We hope you will help us by completing this form but please be aware that completing the form is entirely voluntary and, if you choose not to complete it, this will not affect your application for registration.

We have an Equality and Diversity Scheme and are committed to working towards equality of opportunity. One of the ways in which we do this is by collecting information which we can then use to monitor the fairness of our processes through analysis and statistical reports and in developing future ways of working.

This form does not ask you to give your name and any information that you choose to provide will be strictly confidential. Information provided on this form does not form part of our decision-making process and will not affect your application for registration.

Although you are not required to fill in this form, we would like to encourage you to do so because receiving enough information will mean we can undertake robust analysis to either ensure that our processes are fair, or to make changes to how we work.

Please complete the form by ticking the appropriate boxes below and return it to us. You may wish to return it with your application pack.

### Profession

- |                                                   |                                                            |                                                        |
|---------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Arts therapist           | <input type="checkbox"/> Occupational therapist            | <input type="checkbox"/> Prosthetist / orthotist       |
| <input type="checkbox"/> Biomedical scientist     | <input type="checkbox"/> Operating department practitioner | <input type="checkbox"/> Radiographer                  |
| <input type="checkbox"/> Chiropodist / podiatrist | <input type="checkbox"/> Orthoptist                        | <input type="checkbox"/> Speech and language therapist |
| <input type="checkbox"/> Clinical scientist       | <input type="checkbox"/> Paramedic                         |                                                        |
| <input type="checkbox"/> Dietitian                | <input type="checkbox"/> Physiotherapist                   |                                                        |
| <input type="checkbox"/> Hearing aid dispenser    | <input type="checkbox"/> Practitioner psychologist         |                                                        |

### Application route

- |                                        |                                         |                                             |
|----------------------------------------|-----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> International | <input type="checkbox"/> Grandparenting | <input type="checkbox"/> UK approved course |
|----------------------------------------|-----------------------------------------|---------------------------------------------|

### Gender

- |                               |                                 |                                      |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
|-------------------------------|---------------------------------|--------------------------------------|

### Age group

- |                                         |                                        |                                        |                                        |
|-----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Up to 18 years | <input type="checkbox"/> 19 - 25 years | <input type="checkbox"/> 26 - 35 years | <input type="checkbox"/> 36 - 45 years |
| <input type="checkbox"/> 46 - 55 years  | <input type="checkbox"/> 56 - 60 years | <input type="checkbox"/> Over 60 years |                                        |

### Sexual orientation

- |                                       |                                            |                                            |
|---------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Bisexual     | <input type="checkbox"/> Gay man           | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Gay woman/lesbian | <input type="checkbox"/> Prefer not to say |

**Do you consider yourself to have a disability?**

Yes  No

**Religion**

Buddhist  Christian  Hindu  Jewish  
 Muslim  Sikh  No religion  Prefer not to say  
 Other Please state which

**Nationality and ethnic origin**

**A White**

British  
 English  Scottish  Welsh  
 Irish  
 Northern Irish  
 Any other white background, please write in:

**B Mixed**

White and black Caribbean  White and black African  White and Asian  
 Any other mixed background, please write in:

**C Asian, Asian British, Asian English, Asian Scottish, Asian Welsh**

Indian  Pakistani  Bangladeshi  
 Any other Asian background, please write in:

**D Black, Black British, Black English, Black Scottish, Black Welsh**

Caribbean  African  
 Any other black background, please write in:

**E Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh**

Chinese  
 Any other Chinese background, please write in:

**F Any other background, please write in:**