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**Equal Opportunities and Diversity Monitoring Form**

Thank you for applying to be a HCPC Council Apprentice. The purpose of this form is to help us monitor and improve our standards of recruitment and employment practice.

The HCPC is committed to equal opportunities and reflecting the diversity of the public. To monitor our appointment process we collect diversity data on all applications, which is stored separately from the rest of your application and is not seen by any short-listing or interview panel. It is used to produce statistics so that we can analyse the diversity profile of those applying to the HCPC and meet the obligations of our Equality and Diversity Scheme.

It should take no more than 5 minutes to complete this section.

All information we collect will be treated confidentially in accordance with the UK General Data Protection Regulation, the Data Protection Act 2018 and our Privacy Policy.

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| **Date of Birth (dd/mm/yyyy)** |       [ ]  Prefer not to disclose |
| **Sex and Gender Identity** |
| **What is your sex?** | [ ]  Male [ ]   Female [ ]  Intersex [ ]  Prefer not to say |
| **Is the gender you identify with the same as your sex registered at birth?** | [ ]  Yes [ ]  No [ ]  Prefer not to say [ ]  Prefer to self-describe |
|  | ‘**Prefer to self-describe’ gender identity, please describe here**:  |

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| **Please describe your marital or civil partnership status:**  |
| [ ]  Never married and never registered in a civil partnership [ ]  Married [ ]  In a registered civil partnership [ ]  Separated but still legally married [ ]  Separated but still legally in a civil partnership [ ]  Divorced [ ]  Formally in a civil partnership which is now legally dissolved [ ]  Widowed [ ]  Surviving partner from a registered civil partnership[ ]  Prefer not to say  |
| **Please indicate your parental or caring responsibilities:**  |
| [ ]  Primary carer of a child or children (under 18) [ ]  Joint primary carer of a child or children (under 18) [ ]  Primary carer of a disabled child or children [ ]  Joint primary carer of a disabled child or children[ ]  Primary carer or assistant for a disabled adult (18 years or over) [ ]  Joint primary carer or assistant for a disabled adult (18 years or over) [ ]  Primary carer or assistant for an older person or people (65 and over) [ ]  Joint primary carer or assistant for an older person or people (65 and over)[ ]  Secondary carer (another person carries out the main caring role) [ ]  Prefer not to say  |
| **Please select the option which best describes your sexual orientation:**  |
| [ ]  Heterosexual/Straight[ ]  Gay man [ ]  Gay woman/lesbian [ ]  Bisexual [ ]  Asexual [ ]  Pansexual [ ]  Queer[ ]  Prefer not to say [ ]  Prefer to self-describe |
| **‘Prefer to self-describe’ sexual orientation, please describe here:**  |

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| **Please indicate which of the following describes your ethnic origin:**  |
|  [ ]  White  [ ]  Mixed or Multiple ethnic groups  [ ]  Asian or Asian British  [ ]  Black, African, Caribbean or Black British  [ ]  Other ethnic group [ ]  Prefer not to say **Which of the following best describes your ‘Mixed or Multiple ethnic groups’ background?**  [ ]  White and Black Caribbean  [ ]  White and Black African  [ ]  White and Asian  [ ]  Any other Mixed or Multiple ethnic group  [ ]  Prefer not to say |
| **‘Any other Mixed or Multiple ethnic’ background, please describe here:**  |

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|  **Please indicate your religion or strongly held belief, if any:**  |
| [ ]  No religion or strongly held belief [ ]  Buddhist [ ]  Christian (including Church of England, Catholic, Protestant and all other Christian denominations [ ]  Hindu [ ]  Jewish [ ]  Muslim [ ]  Sikh [ ]  Spiritual [ ]  Any other religion or belief [ ]  Prefer not to say  |
| **‘Any other religion or belief’, please describe here:**   |

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| **Do you consider yourself to have a disability or to be a disabled person?**  |  [ ]  Yes [ ]  No [ ]  Prefer not to disclose  |
| **Do you have any of the following disabilities, long-term conditions or impairments? Select all that apply:**  |
| [ ]  Dyslexia, dyscalculia, dyspraxia  [ ]  Neurodiverse (e.g., autism, ADHD, etc.) [ ]  Hearing, speech, or visual impairment [ ]  Long-term/chronic physical health condition [ ]  Mental health condition [ ]  Mobility or musculoskeletal issue [ ]  I do not have a disability, long-term condition or impairment [ ]  I have a disability, condition or impairment not listed above [ ]  Prefer not to say   |