

**Equal Opportunities Form**

The police service is proud to be an equal opportunities organisation. We believe that every member of our policing community deserves to work in a fair and inclusive environment. We are determined to ensure that:

* Our workforce reflects the diverse society which it serves and that the working environment is free from any form of discrimination, victimisation or harassment;
* No job applicant or employee is treated more or less favourably on the grounds of age, disability, ethnicity, gender reassignment, marriage, sex, sexual orientation, pregnancy or religion or belief.

You can help us achieve this by sharing information about you. Completion of this section of the form is voluntary, but with your help, we can build data that accurately reflects recruitment diversity and shapes the future planning of our diversity, equality and inclusion work.

The information supplied will be treated in the strictest confidence and will not affect your job application in any way. It will be detached from your application on receipt­.

**Age**

What is your date of birth?

DD/MM/YY

**Disability**

Disability is a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. This includes progressive and long-term conditions from the point of diagnosis, such as HIV, multiple sclerosis, cancer, mental illness or mental health problems, learning disabilities, dyslexia, diabetes, and epilepsy. This also includes ‘disabled’ as per the definition set out in the Equality Act 2010, as well as wider conditions, including neurodiversity.

Do you consider yourself to have a disability according to the definition above?

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

The information in this form is for monitoring purposes only. If you believe you need a reasonable adjustment, please include information in the ‘Disability’ section in page 3 of this form or contact the recruitment team for assistance.

**Marriage and civil partnership**

Are you:

|  |  |
| --- | --- |
| Married | **[ ]**  |
| In a civil partnership  | **[ ]**  |
| Not married or in a civil partnership  | **[ ]**  |
| Prefer not to say | **[ ]**  |

**Pregnancy and maternity leave**

Are you pregnant, currently on or returning from maternity/paternity/adoption leave?

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

If you ticked ‘Yes’ to the above, please answer the following question:

|  |  |  |
| --- | --- | --- |
| Pregnant [ ]  | On maternity/paternity/adoption leave [ ]   | Returning from maternity/paternity/adoption leave [ ]   |

**Race**

Please choose one option that best describes your ethnic group or background.

|  |  |
| --- | --- |
| White – English/Welsh/Scottish/Northern Irish/British | [ ]  |
| White – Irish | [ ]  |
| White – Gypsy or Irish Traveller | [ ]  |
| White – Any other White background | [ ]  |
| Mixed – Asian and White | [ ]  |
| Mixed – Black African and White | [ ]  |
| Mixed – Black Caribbean and White | [ ]  |
| Mixed – Any other mixed background | [ ]  |
| Asian or Asian British – Indian | [ ]  |
| Asian or Asian British – Pakistani | [ ]  |
| Asian or Asian British – Bangladeshi | [ ]  |
| Asian or Asian British – Chinese | [ ]  |
| Asian or Asian British – Any other ethnic background | [ ]  |
| Black or Black British – African | [ ]  |
| Black or Black British – Caribbean | [ ]  |
| Black or Black British – Any other black background | [ ]  |
| Other ethnic group – Arab | [ ]  |
| Other ethnic group – Any other ethnic background | [ ]  |
| Prefer not to say | [ ]  |

**Religion or belief**

What is your religion or belief?

|  |  |
| --- | --- |
| No religion | **[ ]**  |
| Buddhist | **[ ]**  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | **[ ]**  |
| Hindu | **[ ]**  |
| Jewish | **[ ]**  |
| Muslim | **[ ]**  |
| Sikh | **[ ]**  |
| Any other religion | **[ ]**  |
| Prefer not to say | **[ ]**  |

**Sex**

Which of the following options best describes your sex?

Please tick one option.

|  |  |
| --- | --- |
| Male | [ ]  |
| Female | [ ]  |
| Intersex | [ ]  |
| Other (please state) | [ ]  |
| Prefer not to say | [ ]  |

**Gender identity**

What best describes your gender?

|  |  |
| --- | --- |
| Female | [ ]  |
| Male | [ ]  |
| Prefer to self-describe  | [ ]  |
| Prefer not to say | [ ]  |
| If you selected Other and wish to provide further information please do so here: |       |

Is your gender identity the same as the sex you were assigned at birth?

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

**Sexual orientation**

What is your sexual orientation?

|  |  |
| --- | --- |
| Bisexual | [ ]  |
| Gay/ Lesbian | [ ]  |
| Heterosexual | [ ]  |
| Prefer to self-describe  | [ ]  |
| Prefer not to say | [ ]  |