

PROTECT - PERSONAL (when completed)



**Philip Secombe
Police and Crime
Commissioner
for Warwickshire**

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 <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
------------------------------	-----------------------------	--

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	<input type="checkbox"/>
In a civil partnership	<input type="checkbox"/>
Not married or in a civil partnership	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Pregnancy and maternity leave

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

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
------------------------------	-----------------------------	--

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

Pregnant <input type="checkbox"/>	On maternity/paternity/adoption leave <input type="checkbox"/>	Returning from maternity/paternity/adoption leave <input type="checkbox"/>
-----------------------------------	--	--

Race

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

White – English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>
White – Gypsy or Irish Traveller	<input type="checkbox"/>
White – Any other White background	<input type="checkbox"/>
Mixed – Asian and White	<input type="checkbox"/>
Mixed – Black African and White	<input type="checkbox"/>
Mixed – Black Caribbean and White	<input type="checkbox"/>
Mixed – Any other mixed background	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>
Asian or Asian British – Bangladeshi	<input type="checkbox"/>
Asian or Asian British – Chinese	<input type="checkbox"/>
Asian or Asian British – Any other ethnic background	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>
Black or Black British – Any other black background	<input type="checkbox"/>
Other ethnic group – Arab	<input type="checkbox"/>
Other ethnic group – Any other ethnic background	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Religion or belief

What is your religion or belief?

No religion	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Any other religion	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Sex

Which of the following options best describes your sex?

Please tick one option.

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Intersex	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Gender identity

What best describes your gender?

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Prefer to self-describe	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
------------------------------	-----------------------------	--

Sexual orientation

What is your sexual orientation?

Bisexual	<input type="checkbox"/>
Gay/ Lesbian	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>
Prefer to self-describe	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>