

Equality Monitoring Form

We recognise that you may be wary about giving us personal information, and concerned about the use we make of it and how well we protect it. You may also feel that some of the questions on the monitoring form are intrusive.

Why do we need this information? NCCMH’s guidance and other quality improvement products aim to help NHS and other planners and practitioners to give all sections of their communities an equal opportunity to benefit from health services. We also believe it’s important that our advisory bodies reflect the diversity of the population. Not only is it right in principle, but it also means that they can draw on a broader range of knowledge, experience and insight, and so produce better guidance.

We try to encourage people with the right qualifications and experience from all parts of the population to join advisory bodies. This is why we want to encourage you to answer all the questions in the monitoring form.

NCCMH is legally required to avoid unlawful discrimination and to consider how to advance equality. Monitoring the impact of our recruitment policies is essential to meeting these duties.

We use the information you provide only for monitoring purposes. We will not use it in the selection process, and our interview panel (where relevant) will not see it. We detach the information from the application information so that you can’t be identified from it.

It’s important for us to collect this information and we very much hope you will feel able to complete this form.

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**EQUALITY MONITORING INFORMATION**

**This section of the application form will be detached from your application form and will be used for monitoring purposes only.**

NCCMH is committed to advancing equality and eliminating unlawful discrimination. We seek to achieve diversity in the membership of our advisory bodies by ensuring that no applicant receives less favourable treatment on grounds of (but not limited to) age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, or is placed at a disadvantage by conditions or requirements that cannot be shown to be justifiable.

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| **Category of advisory body membership (Please tick the one box that best describes the role you are applying for)** | |
| Lay member – this includes patient, service user, carer or community member  Health or public health professional  Social care practitioner, care worker, provider or other professional | Technical expert  Commissioner  Local authority elected member  Focus group member  Other professional – please specify: |

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| **Age** | 18–35  36–50  51–65  Over 65  I do not wish to disclose this |
|  |  |
| **Sex** | Male  Female  Transgender  I do not wish to disclose this |

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| **I would describe my ethnic origin as:** | | |
| **Asian or Asian British**  Bangladeshi  Indian  Pakistani  Any other Asian background  **Black or Black British**  African  Caribbean  Any other Black background | **Mixed**  White & Asian  White & Black African  White & Black Caribbean  **White**  British  Irish  Any other White background | **Other Ethnic Group**  Chinese  Emirati or any other Arab state  Other ethnic group  Other mixed ethnic background  I do not wish to disclose this |

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| **Please select the option which best describes your sexuality** | |
| Lesbian  Gay  Bisexual | Heterosexual  Non-binary  I do not wish to disclose this |

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| **Please indicate your religion or belief** | | |
| Atheism  Buddhism  Christianity  Islam | Jainism  Sikhism  Hinduism  Judaism | Other  No religion  I do not wish to disclose this |

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| **Do you consider yourself to have a disability?** | Yes  I do not wish to disclose this  No |