



West Heath School - Equality & Diversity Form

Confidential

West Heath School wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010 and building an accurate picture of the make-up of the workforce in encouraging equality and diversity.

The organisation needs your help and co-operation to enable it to do this but filling in this form is voluntary. If you do not wish to give us information, please tick 'prefer not to say'. The information provided will be kept confidential and will be used for monitoring purposes.

Please return the completed form via email to: **whs.hr-team @westheathschool.com**

Name:	
Job Title	

Sex and Gender Identity

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

What is your sex?

- Male

 Female

 Prefer not to say

Is the gender you identify with the same as your gender registered at birth?

- Yes

 No

 Prefer not to say

If the gender you identify with is not the same as your sex registered at birth, please write in:

Age

- | | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 25-29 | <input type="checkbox"/> 30-34 | <input type="checkbox"/> 35-39 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 45-49 |
| <input type="checkbox"/> 50-54 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 65+ | <input type="checkbox"/> Prefer not to say | |

Ethnicity

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White	Asian or Asian British
<input type="checkbox"/> British (to include N. Ireland, Scotland & Wales) <input type="checkbox"/> Irish <input type="checkbox"/> European <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other White, please state _____	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian, please state _____
Black, African, Caribbean or Black British	Mixed or Multiple Ethnic Groups
<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black, please state _____	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed or multiple ethnic background, please state _____
Other Ethnic Group	
<input type="checkbox"/> Arab <input type="checkbox"/> Other, please state _____	<input type="checkbox"/> Ethnic identity not known <input type="checkbox"/> Prefer not to say



West Heath School - Equality & Diversity Form

Religion of belief:

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> No religion or belief |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh | Other, please state _____ |

Are you married or in a civil partnership?

If you are undergoing the process of gender reassignment, please tick the box that applies to your future gender.

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

What is your sexual orientation?

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Asexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Pansexual | <input type="checkbox"/> Other, please state _____ |

Do you consider yourself to have a disability or health condition?

The information in this form is for monitoring purposes only. If you believe you need a 'reasonable adjustment', then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

- | | |
|---|--|
| <input type="checkbox"/> Yes, I <u>am</u> registered disabled | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, but I am <u>not</u> registered disabled | <input type="checkbox"/> Prefer not to say |

What is the effect or impact of your disability or health condition on your work?

Do you have carers responsibility? - Please tick all that apply

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Primary carer of older person |
| <input type="checkbox"/> Parent or primary carer of a child/children (under 18) | <input type="checkbox"/> Secondary carer (another person carries out the main caring role) |
| <input type="checkbox"/> Parent or primary carer of disabled child/children | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Parent or primary carer of disabled adult (18 and over) | |

What is your working pattern?- Tick those that apply to you

- | Working Weeks | Working Hours |
|--|--|
| <input type="checkbox"/> Term Time only | <input type="checkbox"/> Full time |
| <input type="checkbox"/> 52 Weeks | <input type="checkbox"/> Part Time |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Prefer not to say |

What is your flexible working arrangements?- Tick those that apply to you in your current role

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Flexible shifts |
| <input type="checkbox"/> Flexi time | <input type="checkbox"/> Compressed hours |
| <input type="checkbox"/> Staggered hours | <input type="checkbox"/> Homeworking |
| <input type="checkbox"/> Annualised hours | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Job-share | <input type="checkbox"/> Other, please state _____ |