# Equality and diversity monitoring form

The information provided will be kept confidential and will only be used for monitoring purposes.

Please return the completed form to fbmh-facultyoffice@manchester.ac.uk.

**Sex and gender identity**

**What is your sex?**

Female  Male  Prefer not to say 

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

Yes ☐    No ☐  Prefer not to say ☐

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your 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

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

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

Yes No  Prefer not to say 

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your working pattern?**

Full-time  Part-time  Prefer not to say 

**What is your flexible working arrangement?**

None  Flexi-time  Staggered hours  Term-time hours 

Annualised hours  Job-share  Flexible shifts  Compressed hours 

Homeworking  Prefer not to say  If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None 

Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over) 

Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 

Thank you for your responses. This information provided will be kept confidential and will only be used for monitoring purposes.