



The Whiteley  
Homes Trust

Date Rcvd:

Application No:

## EQUALITY MONITORING FORM

The Whiteley Homes Trust is committed to valuing diversity and equality and is genuinely opposed to any form of unfair discrimination. In order to assist us in monitoring and assuring ourselves that these views are upheld by all involved in the admissions process, we would greatly appreciate it if you would answer the following questions. Please complete a **separate form for each Applicant**.

All information will be treated in **strict confidence** and will not affect your application in any way.

### Your Personal Details

1.	Title Mr / Mrs / Miss / Ms / Dr / Other			
2.	Surname			
3.	First name			
4.	Gender Male / Female / Prefer not to say			
5.	<b>Ethnic Origin</b>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Asian or Asian British</b></p> <p>Bangladeshi <input style="width: 40px; height: 20px;" type="text"/></p> <p>Indian <input style="width: 40px; height: 20px;" type="text"/></p> <p>Pakistani <input style="width: 40px; height: 20px;" type="text"/></p> <p>Any other Asian background <input style="width: 40px; height: 20px;" type="text"/></p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Mixed</b></p> <p>Black and White Caribbean <input style="width: 40px; height: 20px;" type="text"/></p> <p>Black and White African <input style="width: 40px; height: 20px;" type="text"/></p> <p>Asian and White <input style="width: 40px; height: 20px;" type="text"/></p> <p>Any other mixed background <input style="width: 40px; height: 20px;" type="text"/></p> </td> </tr> </table>			<p><b>Asian or Asian British</b></p> <p>Bangladeshi <input style="width: 40px; height: 20px;" type="text"/></p> <p>Indian <input style="width: 40px; height: 20px;" type="text"/></p> <p>Pakistani <input style="width: 40px; height: 20px;" type="text"/></p> <p>Any other Asian background <input style="width: 40px; height: 20px;" type="text"/></p>	<p><b>Mixed</b></p> <p>Black and White Caribbean <input style="width: 40px; height: 20px;" type="text"/></p> <p>Black and White African <input style="width: 40px; height: 20px;" type="text"/></p> <p>Asian and White <input style="width: 40px; height: 20px;" type="text"/></p> <p>Any other mixed background <input style="width: 40px; height: 20px;" type="text"/></p>
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Please specify below if you wish

Please specify below if you wish

**Black or Black British**

- African
- Caribbean
- Any other Black background
- Please specify below if you wish

**White**

- British
- English
- Irish
- Scottish
- Welsh
- Any other White background
- Please specify below if you wish

**Chinese or Other ethnic group**

- Chinese
- Any other
- Please specify below if you wish

Prefer not to say

**6. Disability**

Do you consider yourself to have a disability under the Equality Act 2010?

In the Act? A person has a disability if:

- They have a physical or mental impairment
- The impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities

For the purpose of the Act, these words have the following meanings

- 'substantial' means more than minor or trivial
- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

Yes

No

Prefer not to say

Please describe the nature of your disability

This information is provided for monitoring purposes only.

**7. Religion or belief:** Please tick against one of the following

No religion	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Baha'i	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Please specify below if you wish	
Jain	<input type="checkbox"/>		
		Prefer not to say	<input type="checkbox"/>

**8. Sexual Orientation:** Please tick against one of the following

Bisexual	<input type="checkbox"/>	Gay Man / Homosexual	<input type="checkbox"/>
Gay Woman / Lesbian	<input type="checkbox"/>	Heterosexual / straight	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other	<input type="checkbox"/>

Thank you for completing this form