Equality and Diversity Monitoring Form

The **Kent & Medway Primary Care Training Hub** strives to meet the aims and commitments set out in their 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 looks for your help and co-operation to enable us to do this, however completing this form is voluntary. The information provided will be kept confidential and will be used for monitoring purposes only.

If you have any questions about this Monitoring Form please contact the KMPC Training Hub.

Please return the completed form to the KMPC Training Hub [kmpc.traininghubs@nhs.net](file:///C%3A%5CUsers%5CEmanuele.Maindron%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CN538W4HE%5Ckmpc.traininghubs%40nhs.net)

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**GENDER**

Male  Female  Intersex  Non-binary  Prefer not to say 

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

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**AGE**

16-24  25-29  30-34  35-39  40-44  45-49 

50-54  55-59  60-64  65+  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**

English, Welsh, Scottish, Northern Irish or British Irish  Gypsy or Irish Traveller 

Any other White background 

**Mixed or Multiple ethnic groups**

White and Black Caribbean  White and Black African  White and Asian 

Any other Mixed or Multiple ethnic background 

**Asian or Asian British**

Indian  Pakistani  Bangladeshi  Chinese 

Any other Asian background 

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

African  Caribbean 

Any other Black, African or Caribbean background 

**Other ethnic group**

Arab  Any other ethnic group , please write:……………………….

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

Yes  No Prefer not to say 

What is the effect or impact of your disability or health condition on your work? Please write in here:

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.

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**What is your working pattern?**

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

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*Thank you.*