



Equality and Diversity Monitoring Form

Magpas Air Ambulance is committed to equality of opportunity, inclusivity and respect for all staff. We value the strength that comes with difference and the positive contribution that diversity brings to our work and the communities that we serve.

We gather and analyse diversity data to assess the extent to which we are achieving our diversity and inclusion aims. We will use this information to review our processes to ensure they are fair and transparent, and do not have an adverse impact on any particular group.

Your information will be treated in the strictest of confidence and used by us to monitor our commitments to being an inclusive employer and building a diverse workforce. Your information will only be used for the analysis of statistical data and will be processed, used and stored in an anonymised format.

We recognise that some people may regard this information as private and have therefore included the option of 'do not wish to disclose' in all categories. You do not have to complete the form, but it will help us to improve our processes, if you can complete as much as possible.

To find out more about why we gather this information, please contact the HR department at HR@magpas.org.uk

Age

Please indicate your religion or belief		
<input type="checkbox"/> 16-24	<input type="checkbox"/> 40-44	<input type="checkbox"/> 60-64
<input type="checkbox"/> 25-29	<input type="checkbox"/> 45-49	<input type="checkbox"/> 65+
<input type="checkbox"/> 30-34	<input type="checkbox"/> 50-54	<input type="checkbox"/> Do not wish to disclose
<input type="checkbox"/> 35-39	<input type="checkbox"/> 55-59	

Gender

Please indicate your sex	
<input type="checkbox"/> Male <input type="checkbox"/> Intersex	<input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Do not wish to disclose
Is your gender the same as the sex you were registered at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose

Marital Status

Please indicate the option which best describes your marital status	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Do not wish to disclose

Sexual Orientation

Which of the following options best describes how you think of yourself?	
<input type="checkbox"/> Heterosexual or Straight <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual	<input type="checkbox"/> Other sexual orientation not listed <input type="checkbox"/> Lesbian <input type="checkbox"/> Do not wish to disclose

Ethnicity

Please indicate your ethnic origin		
Asian / Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background	Mixed/ Multiple ethnic groups <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed / multiple ethnic background White <input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background	Other Ethnic Group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Do not wish to disclose

Religion or belief

Please indicate your religion or belief		
<input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh	<input type="checkbox"/> Other religion <input type="checkbox"/> No religion <input type="checkbox"/> Do not wish to disclose

Disability

Under the Equality Act 2010 the definition of disability is if you have a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on your ability to carry out normal day to day activities. Further information regarding the definition of disability can be found here: <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

According to the definition of disability do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to disclose
Please identify the category which applies to you or other type of disability. People may	

experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'Other'.

- | | |
|--|---|
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Learning disability/difficulty |
| <input type="checkbox"/> Sensory impairment | <input type="checkbox"/> Long-standing illness |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Other |

The information in this form is for monitoring purposes only. If you believe you require a 'reasonable adjustment' please speak to your line manager or the HR department.

Caring

Do you have unpaid caring responsibilities outside of work?	<input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> None
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Thank you for completing this form. Please be assured that we monitor to get an accurate picture of our organisation and to identify and try to address any inequalities. Please return the form to HR@magpas.org.uk