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 age range:		
☐ 16-24 ☐ 25-29 ☐ 30-34 ☐ 35-39	☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55-59	☐ 60-64 ☐ 65+ ☐ Do not wish to disclose

Gender

Please indicate your sex	
☐ Male ☐ Intersex ☐ Prefer to self describe	☐ Female ☐ Non-binary ☐ Do not wish to disclose
Option to self-describe, please add here:	

Is your gender the same as the sex you were registered at birth?	☐ Yes ☐ No ☐ Do not wish to disclose

Marital Status

Please indicate the option which best describes your marital status	
☐ Married ☐ Single ☐ Civil partnership ☐ Legally separated	☐ Divorced ☐ Widowed ☐ Do not wish to disclose

Sexual Orientation

Which of the following options best describes how you think of yourself?	
☐ Heterosexual or Straight ☐ Gay ☐ Bisexual	☐ Other sexual orientation not listed ☐ Lesbian ☐ Do not wish to disclose

Ethnicity

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

Religion or belief

Please indicate your religion or belief

☐ Buddhist ☐ Christian ☐ Hindu	☐ Jewish ☐ Muslim ☐ Sikh	☐ Other religion ☐ No religion ☐ 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?	☐ Yes ☐ No ☐ 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'.	
☐ Physical impairment ☐ Sensory impairment ☐ Mental health condition	☐ Learning disability/difficulty ☐ Long-standing illness ☐ Other
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.	

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?	☐ Child ☐ Adult ☐ None

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