

## Equality and Diversity Questionnaire

JNCC is committed to recruiting, retaining, and developing a workforce that reflects, at all grades, the diverse communities that we work with. We monitor and analyse diversity information so we, can ensure that all our recruitment processes are fair, transparent and promote equality of opportunity. It will also help us to design and apply policies and processes that attract a diverse, talented and motivated workforce.

Your information will be processed and will not be shared, published or used in any way outside of anonymous equal opportunities monitoring. You are under no obligation to provide information and it will not form part of the selection process. There are no consequences for your application if you choose not to provide such information. Thank you for your assistance.

JNCC treats personal data collected during the recruitment process in accordance with its Data Protection Policy. Information about how your data is used and the basis for processing your data is provided in our [privacy notice](#).

<b>Applicant Name:</b>	
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Do you consider yourself to be disabled?  <i>Any information you provide here will be used for monitoring purposes only – if you need a “reasonable adjustment”, then please inform us separately. We will take reasonable steps to meet your particular needs.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
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Gender  <i>If you prefer to use your own term, please choose “Other” and specify it.</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other, please specify _____
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Are you married or in a civil partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
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Age Group	<input type="checkbox"/> 16-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65+ <input type="checkbox"/> Prefer not to say
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How would you describe your national identity?	<input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> British <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
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What is your ethnicity?  <i>Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong</i>	White	<input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Any other white background
	Mixed / Multiple	<input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other mixed background
	Asian / Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background
	Black / African / Caribbean / Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black / African / Caribbean / Black British background
	Other Ethnic Group	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group
		<input type="checkbox"/> Prefer not to say

<p>What is your sexual orientation?</p> <p><i>If you prefer to use your own term, please choose "Other" and specify it.</i></p>	<p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Gay woman/lesbian</p> <p><input type="checkbox"/> Gay man</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Other, please specify</p> <p>_____</p>
<p>What is your religion or belief?</p>	<p><input type="checkbox"/> No religion or belief</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Other, please specify</p> <p>_____</p>
<p>Do you have caring responsibilities?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>