

DIVERSITY MONITORING FORM

British Transport Police is an equal opportunities employer and is determined to ensure that:

- The workforce reflects the diverse society which it serves and that the working environment is free from any form of harassment, intimidation, bullying or victimisation.
- No job applicant or employee is treated more or less favourable on the grounds of age, colour, disability, ethnic origin, family commitments, gender, gender dysphoria, marital status – marriage or civil partnership, nationality, national origins, political beliefs, race, religion or belief, sexual orientation, trade union activity or any other unacceptable grounds.
- No job applicant or employee is disadvantaged by conditions or requirements which cannot be justified by the requirements of the job.

The information on this form is for monitoring purposes only and will not be made available to those assessing your application. The information supplied will be treated in the strictest confidence and will not affect your job application in any way. Completion of this form is voluntary but the information will help us ensure equality of opportunity. This information forms no part of the selection process and it will be detached from your application on receipt.

Ethnic Origin			Religious Belief / Faith	
White	British		Buddhist	
	Irish		Christian	
	Any other white background		Hindu	
Mixed	White and Black Caribbean		Jewish	
	White and Black African		Muslim	
	White and Asian		Sikh	
	Any other mixed background		Other	
Asian or Asian British	Indian		None	
	Pakistani		Prefer not to say	
	Bangladeshi		Sexual Orientation	
	Any other Asian background		Bisexual	
Black or Black British	Caribbean		Gay / Lesbian	
	African		Heterosexual	
	Any other Black background		Prefer not to say	
Chinese or other ethnic group	Chinese		Gender	
	Other		Male	
	Prefer not to say		Female	
			Prefer not to say	
Date of Birth	DD/MM/YYYY			
Disability	The <i>Equality Act 2010</i> defines disability as a 'physical or mental impairment which has substantial and long term adverse effect' on your day to day living. Do you consider yourself to have a disability?			
	Yes	No	Prefer not to say	
	If you answered yes please identify which category the disability falls into:			
	Hearing, speech or visual impairment			
	Coordination, dexterity or mobility			
	Speech impairment			
	Learning disability			
	Cognitive impairment			
	Other physical or medical condition			
	Prefer not to say			