



Diversity Monitoring Form

Data Protection

Catalyst takes its data protection responsibilities seriously. We collect, store and process data in line with data protection law. To find out more about why we are collecting your personal information and how we use it please visit www.chg.org.uk/dataprotection and read our Privacy Statement. All information provided on this form is treated in confidence and used only for statistical monitoring. All information will be stored and used in accordance with data protection law.

Catalyst believes that it is important to promote equal employment opportunities for all. In order to assist us with monitoring we would be grateful if you would provide details of your ethnic origin, gender, sexual orientation, religion and disability.

Ethnicity

Please tick one of the following:

White - British		Asian or Asian British - Indian	
White - Irish		Asian or Asian British – Pakistani	
White - Scottish		Asian or Asian British – Bangladeshi	
White – Welsh		Asian or Asian British – Other	
White – other		Asian or Asian British – Chinese	
Mixed – White & Black Caribbean		Black or Black British – Caribbean	
Mixed – White & Black African		Black or Black British – African	
Mixed – other		Black or Black British – Other	
Prefer not to say		Black British	
Other			

Gender

Please tick one of the following:

Male		Female		Prefer not to say	
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Transgender

Do you currently or have you previously considered yourself as transgender?

Yes		No		Prefer not to say	
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Sexual Orientation

Please tick one of the following:

Heterosexual (straight)		Homosexual (gay or lesbian)		Bisexual		Other		Prefer not to say	
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Religion

Please tick one of the following:

No religion		Christian		Buddhist		Hindu	
Jewish		Muslim		Sikh		Prefer not to say	
Other (please state)							

Disability

Do you consider yourself to have a disability? The Equality Act 2010 generally defines a disability as “a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day today activities”:

Yes		No	
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If yes, please give a brief description of your disability:

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