Diversity monitoring form

The EWC is committed to creating a workplace where everyone feels valued, supported, and able to thrive. We recognise that an inclusive workplace not only attracts a broader and more diverse range of talent, but also ensures employees feel heard, supported, and are treated fairly, strengthening their sense of belonging. Having a diverse team brings fresh ideas, richer conversations, and stronger outcomes.

While disclosing this information is voluntary, it will help us to ensure that our recruitment processes are fair and will help us identify and remove any barriers that candidates may face.

Your answers will be treated in the strictest confidence. It will be detached from your application on receipt and will not be considered as part of the selection process.

Aggregated, anonymous data will be provided to our policy team for analysis and for reporting within our Annual Equality Report, published on our website.

Please mark the relevant boxes, and add additional information as necessary.

Age

16-24 ○

25-34 ○

35-44 ○

45-54 ○

55-64 ○

65 and over ○

Prefer not to say ○

Sex

Female ○

Male ○

Prefer to self-describe (please state):

Prefer not to say ○

Is the gender you identify with the same as your sex registered at birth?

Yes ○

No (please state your gender identity):

Prefer not to say ○

Sexual orientation

Heterosexual/straight ○

Gay/lesbian ○

Bisexual ○

Other sexual orientation (please state):

Prefer not to say ○

What is your legal marital or registered civil partnership status?

Never married and never registered in a civil partnership ○

Married ○

In a registered civil partnership ○

Separated, but still legally married ○

Separated, but still legally in a civil partnership ○

Divorced ○

Formerly in a civil partnership which is now legally dissolved ○

Widowed ○

Surviving partner from a civil partnership ○

Prefer not to say ○

Religion or belief

No religion or belief ○

Christian (all denominations) ○

Buddhist ○

Hindu ○

Jewish ○

Muslim ○

Sikh ○

Any other religion (please state):

Prefer not to say ○

Ethnic group

White

Welsh/English/Scottish/Norther Irish/British ○

Irish ○

Gypsy or Irish traveller ○

Roma ○

Any other White background, please state:

Mixed/multiple ethnic group

White and Black Caribbean ○

White and Black African ○

White and Asian ○

Any other mixed/multiple ethnic background, please state:

Asian/Asian British

Indian ○

Pakistani ○

Bangladeshi ○

Chinese ○

Any other Asian background, please state:

Black/African/Caribbean/Black British

Caribbean ○

African ○

Any other Black/African/Caribbean background, please state:

Other ethnic group

Arab ○

Any other ethnic group, please state:

Prefer not to say ○

National identity

Welsh ○

English ○

Scottish ○

Northern Irish ○

British ○

Other, please state:

Prefer not to say ○

Do you have any caring responsibilities?

None ○

Primary carer of a child or children (under 18) ○

Primary carer of a disabled child or children ○

Primary carer of a disabled adult (18 and over) ○

Primary carer of older person or people (65 and over) ○

Secondary carer ○

Prefer not to say ○

Disability

The Equality Act 2010 defines disability as "A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities".

Do you consider yourself to have a disability?

Yes, my day-to-day activities are limited a lot ○

Yes, my day-to-day activities are limited little ○

No ○

Prefer not to say ○

Please mark those impairments or health conditions that apply to you

Cognitive impairment (for example neurological conditions, or dementia) ☐

Learning impairment or disability (for example dyslexia, Downs syndrome, Autism etc.) ☐

Mobility impairment ☐

Mental ill health (for example depression, anxiety, or schizophrenia) ☐

Sensory impairment (for example visual or hearing impairment). Please specify:

Blind or partially sighted ☐

Deaf (sign language user) ☐

Hard of hearing, or deaf ☐

Long-term health condition (for example epilepsy, diabetes or cancer) ☐

Other, please state:

Do you have a disability as defined by the Equality Act 2010?

Yes ○

No ○

Prefer not to say ○