# NESCAN Hub’s equality and diversity form

NESCAN Hub is committed to equity, diversity and inclusion within our organisation and network. We want our organisation’s recruitment process and our staff’s experience to reflect those values and meet our legal obligations under the Equality Act 2010. To help us with this, we would like you to complete this equality and diversity form. Filling in this form is voluntary and if there’s something you don’t want to answer, you can choose not to disclose that information by selecting “Prefer not to say” from the list of possible answers.

We would however ask you to consider answering all the questions. Your information will be treated in the strictest confidence. Once you submit your application documents, NESCAN Hub becomes the data controller, and your data will only be shared with the NESCAN Hub’s recruitment team for the purposes of supporting you during the recruitment process and monitoring how diverse our applicant pool was. If you become employed by us, we will retain your information within your confidential employee records. For more information on how we will handle your data, please see our NESCAN Data Protection Policy: <https://www.nescan.org/user-policies>

If you have any questions about the form, contact recruitment@nescan.org.

**Please return the completed form along with your CV and a cover letter to recruitment@nescan.org.** Please note that your application, will only be considered if you send the equality and diversity form alongside your CV and Cover letter.

**Sex and gender identity**

**What is your sex?**

Female  Male  Prefer not to say

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

Yes   No   Prefer not to say

If the gender you identify with is not the same as your sex registered at birth, please write in:

**Age** 16-24  25-29  30-34  35-39  40-44  45-49  50-54  55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box:

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

***Black, African, Caribbean, or Black British***

African  Caribbean  Prefer not to say

Any other Black, African, or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African

White and Asian  Prefer not to say

Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say

Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say

What is the effect or impact of your disability or health condition on your work and during recruitment process? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’ during recruitment, then please discuss this with the hiring manager, or the manager running the recruitment process if you are a job applicant and contact [recruitment@nescan.org](mailto:recruitment@nescan.org).

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual

Pansexual  Undecided  Prefer not to say

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say

If other religion or belief, please write in:

**What is your working pattern?**

Full-time  Part-time  Prefer not to say

**What is your flexible working arrangement?**

|  |  |  |
| --- | --- | --- |
| None | Flexi-time | Staggered hours |
| Term-time hours | Annualised hours | Job-share |
| Flexible shifts | Compressed hours | Homeworking |
| Prefer not to say |  |  |

If other, please write in:

**Do you have caring responsibilities? If yes, please tick all that apply**

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say

**Data Privacy Statement (required)**

**By Selecting “I agree” you confirm that you have read, understand, and consent to data privacy statement. Click** [**the link**](https://www.nescan.org/user-policies) **to read the whole statement.**

I agree

I disagree

**END**