



**Equal, diversity & inclusion monitoring form**

LAPG is committed to equality, diversity and inclusion. We oppose all forms of unlawful or unfair discrimination on the basis of race, gender, marital status, sexual orientation, nationality or national origin, disability, religion or age.

LAPG wishes to monitor its progress towards implementing this commitment. Please help us with this by completing this voluntary monitoring form. You can either print off the form, or we can post you a form on request. Please return the completed form anonymously (no cover letter required) to LAPG, 12 Baylis Road, London, SE1 7AA.

Forms will not be seen by the recruitment panel, play no part in the recruitment process and will not be processed until after the recruitment process has been completed.

**Ethnicity**

This question is not about your nationality, place of birth or citizenship – it is about the group to which you as an individual perceive you belong. The descriptions are those used in the government’s 2001 Census. Please tick the group that you feel most accurately describes you.

**Asian**

British-Indian	<input type="checkbox"/>	British-Pakistani	<input type="checkbox"/>	British-Bangladeshi	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>

**Black**

British-Caribbean	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	British-African	<input type="checkbox"/>	African	<input type="checkbox"/>
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**Chinese**

British-Chinese	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
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**Mixed**

White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Mixed Background	<input type="checkbox"/>
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**White**

White-English	<input type="checkbox"/>	White-Welsh	<input type="checkbox"/>	White-British	<input type="checkbox"/>	White Non-European	<input type="checkbox"/>
White-Scottish	<input type="checkbox"/>	White-Irish	<input type="checkbox"/>	White-European	<input type="checkbox"/>		

**Other**

Please state:

**Prefer Not To Say**

**Gender:** \_\_\_\_\_



**Sexual orientation**

Heterosexual		Lesbian		Gay	
Bi-sexual		Prefer not to say			

**Age**

Under 25		25-34		35-44	
45-54		55-64		65+	

**Disability**

The Equality Act 2010 defines disability as “a physical or mental impairment” which “has a substantial and long-term adverse effect on [a person’s] ability to carry out normal day-to-day activities”.

Do you consider that you have a condition or impairment that falls within this definition?

Yes		No		Prefer not to say	
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**Religion**

Buddhist		Jewish		No religion	
Christian		Muslim		Other	
Hindu		Sikh		Prefer not to say	

If you have any questions about this form, please contact us. We will be happy to answer your questions without asking for your identity.

Thank you