# Equality and diversity monitoring form

History Workshop Onlinewants to meet its commitments to equality and diversity, under the Equality Act 2010, and to build an accurate picture of the make-up of applicants to editorial fellowships.

The organisation needs your help and co-operation to do this.

Filling in this form is voluntary. The information provided will be kept confidential and will be used only for monitoring purposes.

Please return the completed form to [hwoeditors@historyworkshop.org.uk](mailto:hwoeditors@historyworkshop.org.uk) with your application.

If you have any questions about the form, please contact [hwoeditors@historyworkshop.org.uk](mailto:hwoeditors@historyworkshop.org.uk).

**What is your gender?**

Female  Male  Non-binary  Prefer not to say

Any other gender identity, please write in:

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

Yes   No   Prefer not to say

**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 groups to which you perceive you belong.

***Asian or Asian British***

Bangladeshi  Chinese  Indian  Pakistani  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 Asian  White and Black African  White and Black Caribbean  Prefer not to say

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

***White***

English  British  Gypsy or Irish Traveller  Irish  Northern Irish  Scottish  Welsh  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? Please write in here:

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your sexual orientation?**

Asexual  Bisexual  Gay  Heterosexual  Lesbian  Pansexual  Undecided  Prefer not to say

Any other sexual orientation, please write in:

**What is your religion or belief?**

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

If other religion or belief, 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