# Equality and Diversity

# Monitoring Form

# The Royal College of Midwives (RCM) is committed to equal opportunities and reflecting the diversity of our membership and staff team. We strive to ensure that our members and staff team are treated in a fair and equal manner.

# To ensure effective implementation of our commitment to equal opportunities it is necessary to request information on several characteristics relating to equality and diversity using diversity monitoring. We will be grateful if you could complete this optional form, which will be held in the strictest confidence and monitored separately to your application. Please be assured that this equality and diversity form is anonymous and will only be used for the purpose stated above.

# What best describes your gender?

|  |  |  |
| --- | --- | --- |
|  | Female | |
|  | Male | |
|  | I use another term (for example, non-binary): | *(please specify if you wish)* |
|  | I prefer not to say | |

# What is your age group?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Under 21 years |  | 51-60 years |
|  | 21-20 years |  | 61-65 years |
|  | 31-40 years |  | Over 65 years |
|  | 41-50 years |  | I prefer not to say |

# Do you consider yourself to be trans?

|  |  |
| --- | --- |
| Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. | |
|  | Yes |
|  | No |
|  | Prefer not to say |

# What best describes your sexual orientation? (listed alphabetically)

|  |  |  |
| --- | --- | --- |
|  | Bi  Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual, pan, queer, and some other non-monosexual and non-mono-romantic identities. | |
|  | Gay or Lesbian | |
|  | Heterosexual or straight | |
|  | I use another term: | *(please specify if you wish)* |
|  | I prefer not to say | |

# Disability, impairment, health condition, learning difference or learning disability

|  |  |
| --- | --- |
| The Equality Act 2010 defines someone as a disabled person if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. This can include sight or hearing loss, learning disability, mental ill health, and progressive condition such as cancer, HIV/AIDS, or Multiple Sclerosis.  **In relation to the definition of disability above, do you consider yourself to be disabled?** | |
|  | Yes |
|  | No |
|  | I prefer not to say |
| **Do you consider yourself to have an impairment, health condition, a learning difference or learning disability?** | |
|  | Yes |
|  | No |
|  | I prefer not to say |

# What is your ethnic group? Please choose one option that best describes your ethnic group or background.

|  |  |  |
| --- | --- | --- |
| **Asian or Asian British** | | |
|  | Indian | |
|  | Pakistani | |
|  | Bangladeshi | |
|  | Chinese | |
|  | Any other Asian or South Asian background: | (please describe if you wish) |

|  |  |  |
| --- | --- | --- |
| **Black, African, Caribbean or Black British** | | |
|  | African | |
|  | Caribbean | |
|  | Any other Black, Black British, African, or Caribbean background | (please describe if you wish) |

|  |  |  |
| --- | --- | --- |
| **Mixed or Multiple ethnic or Mixed or Multiple ethnic British groups** | | |
|  | White and Black Caribbean | |
|  | White and Black African | |
|  | White and Asian (including South Asian) | |
|  | Any other Mixed or Multiple ethnic background: | (please describe if you wish) |

|  |  |  |
| --- | --- | --- |
| **White or White British** | | |
|  | English, Welsh, Scottish, Northern Irish or British | |
|  | Irish | |
|  | Gypsy or Irish Traveler | |
|  | Any other White background: | (please describe if you wish) |

|  |  |  |
| --- | --- | --- |
| **Any other ethnic group** | | |
|  | Latin American | |
|  | Arab | |
|  | Any other ethnic group: | (please describe if you wish) |

|  |  |
| --- | --- |
|  | **I prefer not to say** |

**Thank you for completing this form.**

**Please send this form to** [**hr@rcm.org.uk**](mailto:hr@rcm.org.uk)**.**