

Monitoring Questionnaire

The Police and Crime Commissioner is firmly committed to promoting equality of opportunity for all local people and communities, irrespective of gender, ethnic origin, disability, religious belief, sexual orientation, age, or any other factor. We therefore ask you to complete this questionnaire to enable us to monitor the effectiveness and fairness of our policy and processes. This information is for statistical monitoring purposes only. **It will not form part of the selection process.**

Reference No.

<p>Age</p> <p><input type="checkbox"/> <25</p> <p><input type="checkbox"/> 26-40</p> <p><input type="checkbox"/> 41-55</p> <p><input type="checkbox"/> >55</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Gender identity (optional) If your identity as transsexual or transgender (in that you have effected a permanent change of gender identity) or as intersex, please state which group you identify with</p> <p><input type="checkbox"/> Transsexual</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Intersex</p> <p>Sexual orientation</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay or lesbian</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Disability</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Under the Disability Discrimination Act 1995 and Disability Discrimination Act (Amendment) 2005, a person is disabled if they have (or have recovered from) a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on their ability to carryout normal day-to-day activities such as those involving mobility, manual dexterity, physical co-ordination, speech, hearing, eyesight or communication, or a permanent condition which is controlled by medication, e.g. diabetes or epilepsy. Individuals with HIV, cancer or multiple sclerosis are automatically treated as disabled.</p> <p>Current Working hours</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Full-time</p>	<p>Ethnic origin</p> <p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background</p> <p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed background</p> <p>Asian or Asian British</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Black or Black British</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Any other Black background</p> <p>Chinese or other ethnic group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other background</p> <p>Please specify</p> <p>Religious belief or faith</p> <p><input type="checkbox"/> Buddhist</p> <p><input type="checkbox"/> Christian</p> <p>State Denomination if you wish</p> <p><input type="checkbox"/> Hindu</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Muslim</p> <p><input type="checkbox"/> Sikh</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Any other religious belief or faith</p> <p>Please specify</p> <p><input type="checkbox"/> Prefer not to say</p>
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Thank you for completing this form

RESTRICTED (WHEN COMPLETE)