EQUALITY MONITORING FORM

Salix Finance Ltd (Salix) collects equality information solely for monitoring purposes to ensure that our policies and procedures are effective. Our Equality Policy commits us to having a workforce that reflects all sections of society – the data you share will be used to monitor and evaluate if these obligations are met or not.

Salix is committed to the principles of fairness, consistency, meritocracy and equality of opportunity. No applicants will be discriminated against regardless of their age, colour, disability, ethnicity, gender, race, religion or belief and / or sexual orientation or if you do not wish to complete this form.

The information you enter on this Equality and Diversity monitoring form will be used for monitoring purposes only and will not be used in assessing and or scoring your application or at interview stage. This information is kept fully confidential and accessibility is strictly limited in accordance with the Data Protection Act.

1. Position applied for: Director of Data and Technology

2. Are you:

- ☐ Staff member full time
- ☐ Staff member part time
- ☐ Volunteer
- ☐ Job Applicant
- ☐ Job Applicant – from an Agency
- ☐ Board member

3. Gender by birth

- ☐ Male
- ☐ Female
- ☐ Do not wish to disclose

4. What age group do you belong to?

- ☐ 18-25
- ☐ 26-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56 –65
- ☐ 65+
- ☐ Do not wish to disclose

5. How would you describe your sexuality?

- ☐ Gender Diverse
- ☐ I use another term:
- ☐ Man
- ☐ Trans
- ☐ Non Binary
- ☐ Prefer not to say
- ☐ Woman

6. Gender Reassignment

Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth, to the gender you identify with? Or do you intend to?
This could include:
- changing your name
- wearing different clothes
- taking hormones
- or having any gender reassignment surgery

☐ Yes
☐ No
☐ Do not wish to disclose

7. Do you consider yourself to have a disability?

The Equality Act 2010 protects people who are disabled including those with long-term health conditions.
☐ Yes
☐ No
☐ Do not wish to disclose

If 'Yes' please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.

☐ Physical Impairment ☐ Learning Disability / Difficulty
☐ Sensory Impairment ☐ Long-standing Illness
☐ Mental Health Condition ☐ Other

8. Please indicate which ethnic group you consider yourself to belong to?

White
☐ White – British (to include Northern Ireland, Scotland & Wales)
☐ White – Irish
☐ White - European
☐ Other White

Black
☐ Black or Black British – Caribbean
☐ Black or Black British – African
☐ Other Black

Asian
☐ Asian or Asian British – Indian
☐ Asian or Asian British – Pakistani
☐ Asian or Asian British – Bangladeshi
☐ Chinese
☐ Other Asian

Mixed
☐ Mixed – White & Black Caribbean
☐ Mixed – White & Black African
☐ Mixed – White & Asian
☐ Other Mixed

Other/unknown

☐ Ethnic identity not known
☐ Do not wish to disclose
If you have selected 'Other' please state which group you consider yourself to belong to:

9. Please indicate which religion you consider yourself to belong to?

☐ Buddhist
☐ Christian
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ No religion
☐ Do not wish to disclose
☐ Other religion please state:

Thank you for taking the time to complete this equality monitoring form.