



OFFICE OF THE POLICE AND CRIME COMMISSIONER DIVERSITY MONITORING FORM

The Office of the Police and Crime Commissioner (OPCC) is an equal opportunities employer and is determined to ensure that:

The workforce reflects the diverse society which it serves and that the working environment is free from any form of harassment, intimidation, bullying or victimisation.

No job applicant or employee is treated more or less favourably on the grounds of sex, gender reassignment, sexual orientation, age, marital status, pregnancy and maternity, race, colour, nationality, ethnic or national origins, religion or belief or disability. This is subject to the OPCC engaging in a positive action scheme which intends to overcome or minimise a person's disadvantage.

No job applicant or employee is disadvantaged by a provision, criterion or practice which cannot be shown to be a proportionate means of achieving a legitimate aim.

The information on this form is for monitoring purposes only and will not be made available to those assessing your application. The information supplied will be treated in the strictest confidence and will not affect your job application in any way. Completion of this form is voluntary but the information will help us ensure equality of opportunity.

This information forms no part of the recruitment process. It will be detached from your application on receipt.

Post Title Applied For		Ref Code	
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Equal Opportunities (EO) initiatives are regularly communicated to all OPCC/SYP personnel. There may be occasions when we wish to contact specific SYP personnel based upon the information given through this process to support and promote equality of opportunity. Do you agree to be contacted where specific EO initiatives may be of direct relevance to you?	N	<input type="checkbox"/>
	Y	<input type="checkbox"/>

Personal Details														
NAME (last)				NAME (first)										
GRADE/RANK														
GENDER	FEMALE <input type="checkbox"/>			MALE <input type="checkbox"/>										
GENDER IDENTITY	Please indicate if you consider yourself to be Transgender. <i>(For monitoring purposes the term Transgender is used to include: Hermaphrodite/Intersex, Transgenderist, Transsexual, Transvestite)</i>										N	<input type="checkbox"/>		
											Y	<input type="checkbox"/>		
MARITAL STATUS	CIVIL PARTNERSHIP <input type="checkbox"/>			CO-HABITING <input type="checkbox"/>			DIVORCED			<input type="checkbox"/>				
	MARRIED <input type="checkbox"/>		SEPARATED <input type="checkbox"/>		SINGLE <input type="checkbox"/>		WIDOWED		<input type="checkbox"/>					
AGE	16 - 17	<input type="checkbox"/>	18 - 24	<input type="checkbox"/>	25 - 34	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>	45 - 54	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>	65+	<input type="checkbox"/>
WORKING PATTERN	FULL TIME <input type="checkbox"/>		JOB SHARE <input type="checkbox"/>		PART TIME		<input type="checkbox"/>							

ETHNICITY			
(Please identify the code which corresponds to your ethnicity)			
Major Categories Description & Code	Sub-Groups Description	Code	Please tick
Asian or Asian/British	Indian	A1	<input type="checkbox"/>
	Pakistani	A2	<input type="checkbox"/>
	Bangladeshi	A3	<input type="checkbox"/>
	Any other Asian Background (please specify)	A9	<input type="checkbox"/>
Black or Black British	Caribbean	B1	<input type="checkbox"/>
	African	B2	<input type="checkbox"/>
	Any other Black background (please specify)	B9	<input type="checkbox"/>
Chinese	Chinese	O1	<input type="checkbox"/>
Mixed	White and Black Caribbean	M1	<input type="checkbox"/>
	White and Black African	M2	<input type="checkbox"/>
	White and Asian	M3	<input type="checkbox"/>
	Any other Mixed background	M9	<input type="checkbox"/>
White	British	W1	<input type="checkbox"/>
	Irish	W2	<input type="checkbox"/>

	Any other white background (please specify)	W9	
Other	Any other Ethnic Group (please specify)	O9	
Not Stated		NS	

RELIGION AND BELIEF	Buddhism	<input type="checkbox"/>	Islam	<input type="checkbox"/>	No Religion	<input type="checkbox"/>
	Christianity	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Other -	<input type="checkbox"/>
	Hinduism	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Prefer Not to say	<input type="checkbox"/>

SEXUAL ORIENTATION	Prefer not to say	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>
			Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>

SIGNATURE (to confirm content has been fully understood).		Date	
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