



### DIVERSITY MONITORING FORM

The Royal Pharmaceutical Society of Great Britain, have a policy of respect for the individual. We maintain this by ensuring fair and reasonable treatment at all times and by taking active steps to provide an environment which is free from discrimination, harassment and victimisation on the grounds of anyone's gender, marital status, sexual orientation, religion, race, colour, ethnic origin or age. The information on this form will be used for statistical purposes only and forms no part of the selection process. The Diversity Monitoring Form will be detached from your application form / CV before it is sent to the recruiting manager.

**Name:** \_\_\_\_\_

**Post applied for:** \_\_\_\_\_

#### 1. AGE

What is your date of birth? (DD/MM/YYYY) \_\_\_ / \_\_\_ / \_\_\_\_\_

#### 2. GENDER

- Male
- Female
- Transgender\*
- Prefer not to say

\*For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.

#### 3. ETHNIC MONITORING

Please indicate your ethnic background by marking the appropriate box in the column below:

##### A. White

- British
- Irish
- Any other white background please state

##### B. Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background please state

**C. Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background please state

**D. Black or Black British**

- Caribbean
- African
- Any other Black background please state

**E. Chinese or other ethnic group**

- Chinese
- Any other ethnic group please state

**4. DISABILITY**

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability according to the terms given in the DDA?

- Yes
- No

If you have answered yes, please indicate the type of impairment which applies to you:

- Hearing, speech or visual impairment
- Co-ordination, mobility or dexterity impairment
- Mental health condition
- Learning disability/difficulties
- Other impairment (please specify)