

At NHS Providers we acknowledge that everyone is different. The diversity of our people, our partners and the communities we work in is reflected by their range of differences, qualities and needs. We are therefore committed to creating an inclusive workplace culture that supports our values – respectful, inclusive, collaborative and effective – and aim to foster a working environment that respects and values diversity and ensures equal opportunity for all. We welcome applications from a diverse community.

We believe achieving equality, diversity and fairness is our shared responsibility, and we work hard to ensure that, as an organisation, we follow the guidelines listed in the Equality Act 2010. We aim to make our recruitment processes as fair as possible, not discriminating against anyone because of their age, disability, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex, sexual orientation or gender reassignment status. By answering these questions you will help us ensure that no one is being unfairly discriminated against or disadvantaged.

This part of the application process will be detached from your application and will not be used as part of the selection process, nor will it be seen by anybody who is interviewing you. The information collected is anonymised and only used to help us acknowledge the profile and makeup of individuals who apply, are shortlisted for and appointed to each vacancy.

We are committed to protecting the privacy and security of your personal data. For further information refer to our privacy notice which can be viewed [here](#).

Once completed, please click the submit button on the last page, which will forward this form to lydia.kirton@nhsproviders.org.

Full name	
Post applied for	
Telephone	
Email	
Where did you first hear about this vacancy? eg name of website, social media, agency, newsletter	

Gender

Male
 Female
 Intersex
 Non-binary
 Prefer not to say

If you prefer to use your own term, please specify here:

Which of the following options best describes your sexual orientation?

Heterosexual
 Gay
 Lesbian
 Bisexual
 Asexual
 Unsure
 Prefer not to say

If other, please specify here:

What is your age?

18-24
 25-34
 35-44
 45-54
 55-64
 65 and above

Are you married or in a civil partnership?

Yes
 No
 Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong.

WHITE

English
 Welsh
 Scottish
 Northern Irish
 Irish
 British
 Gypsy/Irish traveller
 Prefer not to say

Other white background

MIXED – MULTIPLE ETHNIC GROUPS

White and Black Caribbean
 White and Black African
 White and Asian
 Prefer not to say

Other mixed background

ASIAN – ASIAN BRITISH

Indian
 Pakistani
 Bangladeshi
 Chinese
 Prefer not to say

Other Asian background

BLACK – AFRICAN – CARIBBEAN – BLACK BRITISH

African
 Caribbean
 Prefer not to say

Other Black/African/Caribbean background

OTHER ETHNIC GROUP

Arab
 Prefer not to say

Other ethnic group

Disability

Do you consider yourself to have a disability or impairment that has (or would have without treatment) a long-term adverse effect on your ability to carry out one or more day to day activities?

Yes No Prefer not to say

If yes, please indicate the nature of your disability:

Mobility/manual dexterity Mental health/cognitive impairment

Visual impairment Hearing impairment Dyslexia

Other disability or impairment

If yes, please advise of any reasonable adjustments you require to enable you complete the task or access requirements to attend an interview:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu

Jewish Muslim Sikh Atheist Prefer not to say

If other, please specify here:

Do you have caring responsibilities? If yes, please tick all that apply.

None Primary carer of a child/children (under 18) Primary carer of disabled child/children

Primary carer of disabled adult (18 and over) Primary carer of older person

Secondary carer (another person carries out the main caring role) Prefer not to say

Other caring responsibilities

Thank you for helping us by completing this questionnaire.



Please email your completed form to lydia.kirton@nhsproviders.org or click the arrow to submit