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**Equalities Monitoring Form**

This form is for the specified purpose of the monitoring of the DRP recruitment exercise, to ensure that Lewisham Council is being fair and inclusive in publicising the opportunity to be on the Design Review Panel widely to potential candidates from a range of backgrounds and encouraging everybody who has the relevant skills and experience to be panel members to apply. All questions on the form are voluntary and you do not have to answer them. Any information that you choose to provide on this form will be treated **confidentially**.

The Council may further process the information collected where it believes there is a duty to protect the vital interests of those who may be directly affected. Please note that the Council will only ever do this in line with its responsibilities under the Data Protection Act 1998, notably the requirements laid out in Schedules 2 & 3 of the Act.

**How would you describe yourself?**

**Age:**

|  |
| --- |
| * **Under 18**
 |
| * **18‐65**
 |
| * **Over 65**
 |
| * **Prefer not to say**
 |

**Ethnicity**: Please describe your ethnic background. If you select ‘other’ please specify further details.

|  |
| --- |
| * **Asian or Asian British**
 |
| * **Indian**
 |
| * **Pakistani**
 |
| * **Bangladeshi**
 |
| * **Chinese**
 |
| * **Asian Background, self-describe**
 |
| * **Black, Black British, or Caribbean background**
 |
| * **Caribbean**
 |
| * **African**
 |
| * **Prefer to self-describe**
 |
| * **White and Black Caribbean**
 |
| * **White and Black African**
 |
| * **White and Asian**
 |
| * **Mixed or multiple ethnic backgrounds, self-describe**
 |
| * **English, Welsh, Scottish, Northern Irish or British**
 |
| * **Irish**
 |
| * **Gypsy or Irish Traveller**
 |
| * **Roma**
 |
| * **Any other White background**
 |
| * **Middle Eastern, Prefer not to say/ prefer to self-describe**
 |
| * **Arab**
 |
| * **Any other ethnic group/self-describe**
 |
| * **Prefer not to say**
 |

**Disability**

Do you have any disabilities or health conditions that affect your daily life.

|  |
| --- |
| * **Yes**
 |
| * **No**
 |
| * **Prefer not to say**
 |
| * **Self Describe**
 |

**Gender**

|  |
| --- |
| * **Male**
 |
| * **Female**
 |
| * **Non-binary**
 |
| * **Prefer not to say**
 |

**Is your gender identity different from the gender you were assumed to be at birth?**

|  |
| --- |
| * **Yes**
 |
| * **No**
 |
| * **Prefer not to say**
 |

**Sexual Orientation**

|  |
| --- |
| * **Straight/heterosexual**
 |
| * **Lesbian/gay or bisexual**
 |
| * **Prefer not to say**
 |

**Religion or Belief**

|  |
| --- |
| * **Yes**
 |
| * **No**
 |
| * **Prefer not to say**
 |
| * **Self-Describe**
 |