  

**Diversity Monitoring Form**

The National Maritime Museum is committed to the aim of ensuring that everyone who applies to work for us receives fair treatment and we positively encourage applications from suitably qualified and eligible candidates regardless of age, disability, race, sex, gender reassignment, sexual orientation, religion or belief, marriage and civil partnership. To monitor the effectiveness of our policies, we would like you to provide the following information, which will be separated from your job application and held confidentially. The data collected will only be used for statistical and monitoring purposes to assist the National Maritime Museum in meeting statutory and other obligations.

**Please complete all information and tick appropriate boxes.**

|  |  |
| --- | --- |
| **Full name:**  | **Date of birth:** |
| **Post applied for:** | **Nationality:** |
| **Where did you see this post advertised:** |  |

**1. Personal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender:** | [ ] Male | [ ] Female | [ ] Transgender |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Marital status:** | [ ] Single  | [ ] Married | [ ] Separated | [ ] Divorced | [ ] Civil Partnership | [ ] Partner |
|  | [ ] Widow /er |  |

**2. Ethnicity**

|  |  |  |
| --- | --- | --- |
| [ ] White | [ ] Asian  | [ ] Mixed |
| [ ] Black  | [ ] Chinese | [ ] Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**3. Sexual Orientation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Heterosexual | [ ] Gay female | [ ] Gay male | [ ] Bisexual |  |

**4. Faith**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Buddhist | [ ] Christian | [ ] Hindu | [ ] Jewish | [ ] Muslim |
| [ ] Sikh | [ ] Not Religious | [ ] Other (please specify)  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**5. Disability**

The Museum is committed to providing a work environment which is open to all and to respond, as appropriate, to the needs of people with disabilities. Any adaptations or modifications required as a result of disability or medical condition will be considered.

|  |
| --- |
| [ ] No |
| [ ] Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Do you have a disability or**

**medical condition that we may**

**need to be aware of?**

**6. Declaration**

I can confirm that I understand and agree to the statement on data protection at the top of the page.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_