|  |  |
| --- | --- |
| Name  |  |
| Address |  |
| Contact No. |  |
| Mobile No. |  |
| Can we leave a message? |  |
| Email address |  |
| D.O.B and Age  |  |
| Personal Status | Married/single/civil partnership/other/prefer not to say  |
| Language of first choice/require interpreter? |  |
| Religion |  |
| Ethnicity or racial origin  |  |
| Identify which strand of discrimination apply; (*please circle/embold)* | age/disability/gender reassignment/marriage & civil partnership/pregnancy/race/religion & belief/sex/sexual orientation |
| Employment status; (*please circle/embold)* | Full-time/Part-time/Self-employed/Unemployed/Student/Training scheme/Full-time home maker/Carer/Long term sick/Retired. |
| Date employment commenced |  |
| Name & address of Client’s employer and place of work including the head office name and address (if different).If the client works for a small company, take the names of the owner or directors. |  |
| Job title |  |
| Basic hours worked per week and pay |  |
| Take home pay |  |
| Overtime hours per week and pay, if applicable  |  |
| Size of company/ workforceEthnic breakdown |  |
| What is the act(s) complained of |  |
| Dates of the act(s) complained of  |  |
| If employee been dismissed or resigned what was the effective date of termination?  |  |
| If employment terminated is there outstanding holiday pay or wages |  |
| Has the employee raised a complaint about this incident or previously. If so what action has the employer taken?  |  |
| Is there a current ongoing investigation? |  |
| Disciplinary record within company? |  |
| Referred by whom and how did you hear about ISCRE? |  |
| Date enquiry received & by whom & advice given |  |
| Summary of advice given  |  |

**EQUALITY MONITORING FORM**

We collect and monitor data on equality to ensure that our policies, practices and procedures promote equality of opportunity.

All information provided will be kept confidentially in accordance with the Data Protection Act.

1. **Please specify your language of first choice:**

1. **Gender**

[ ]  Male

[ ]  Female

[ ]  Prefer not to say

1. **Status**

[ ]  Married

[ ]  Single

[ ] Civil Partnership

[ ] Other /Prefer not to say

1. **Gender identity**

 Is your present gender the same as the one assigned to you at birth?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

1. **What age group do you belong to?**

[ ]  18-25

[ ]  26-35

[ ]  36-45

[ ]  46-55

[ ]  56-65

[ ]  65+

[ ]  Prefer not to say

D.O.B

1. **How would you describe your sexuality?**

[ ]  Heterosexual

[ ]  Gay

[ ]  Lesbian

[ ]  Bi-sexual

[ ]  Prefer not to say

1. **Do you consider yourself to have a disability?**

Under the Equality Act 2010 a disability is defined as a ‘physical or mental impairment which has, or had a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities’.

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

1. **Please identify your strand of disability**

 [ ]  Physical Impairment

 [ ]  Sensory impairment

 [ ]  Mental health condition

 [ ]  Learning disability

 [ ]  Prefer not to say

[ ]  Other, please state:

1. **Please indicate which ethnic group you consider yourself to belong to?**

**White**

[ ]  White – British (to include Northern Ireland, Scotland & Wales)

[ ]  White – Irish

[ ]  White - European

[ ]  Other White

**Black**

[ ]  Black or Black British – Caribbean

[ ]  Black or Black British – African

[ ]  Other Black

**Asian**

[ ]  Asian or Asian British – Indian

[ ]  Asian or Asian British – Pakistani

[ ]  Asian or Asian British – Bangladeshi

[ ]  Chinese

[ ]  Other Asian

**Mixed**

[ ]  Mixed – White & Black Caribbean

[ ]  Mixed – White & Black African

[ ]  Mixed – White & Asian

[ ]  Other Mixed

**Other/unknown**

[ ]  Ethnic identity not known

[ ]  Prefer not to say

If you have selected ‘Other’ please state which group you consider yourself to belong to:

1. **Please indicate which religion you consider yourself to belong to?**

 [ ]  Buddhist

 [ ]  Christian

 [ ]  Hindu

 [ ]  Jewish

 [ ]  Muslim

 [ ]  Sikh

 [ ]  No religion

 [ ]  Prefer not to say

[ ]  Other religion, please state:

1. **Are you?**

 [ ]  Employed

 [ ]  Employed full-time

 [ ]  Employed part-time

 [ ]  Self-employed

 [ ]  Unemployed

 [ ]  Student

 [ ]  Training scheme

 [ ]  Full-time/Homemaker/Carer

[ ]  Long term sick

[ ]  Retired

1. **Please tell us?**

 What your monthly income is £

 Are you a Member of a Union? Yes [ ]  No [ ]

 Do you have legal expenses insurance? Yes [ ]  No [ ]