|  |  |
| --- | --- |
| 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/ workforce  Ethnic 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