

Diversity Monitoring Questionnaire

The Metropolitan Police Authority (MPA) is committed to equality of opportunity for all complainants regardless of gender, marital status, sexual orientation, race, ethnic or national origin, trade union membership, political or religious belief, disability or age. The MPA strives to operate a policy of equality and diversity. To assist the MPA in treating all complaints fairly from all sections of society, we invite all complainants to complete this short Diversity Monitoring Questionnaire, it will not impact on the way that your complaint is treated. This information provided in this section is treated as confidential; it will be used only for the purpose of monitoring our equality and diversity policy.

Full name:

1. Age

What is your age group?

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 40 – 49 | <input type="checkbox"/> Over 65 |
| <input type="checkbox"/> 18 – 29 | <input type="checkbox"/> 50 – 59 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 30 – 39 | <input type="checkbox"/> 60 – 65 | |

2. Ethnicity

Which ethnic group do you most identify with?

Please choose one box to indicate your cultural background.

Asian or Asian British:

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background (Please specify):

Black or Black British:

- African
- Caribbean
- Any other Black background (Please specify):

Chinese or other ethnic group:

- Chinese
- Any other ethnic background (Please specify):

Please note that all or part of the information provided on this form will be used and processed by **the Metropolitan Police Authority** for equal opportunities monitoring purposes only. Such use will be subject to the provisions of the Data Protection Act 1998.

- Mixed:**
- Asian and White
 - Black African and White
 - Black Caribbean and White
 - Any other mixed background (Please specify):

- White:**
- British
 - Irish
 - Any other White background including Irish Traveller (Please specify):

- Prefer not to say:**

4. Religion and Belief

What is your religion or belief?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Agnostic | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> Bahá'i Faith | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Zoroastrianism |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> None |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Jainism | <input type="checkbox"/> Other Philosophical belief or religion (please specify): |

5. Sexual orientation

a) How do you identify yourself?

- Male Female Prefer not to say

b) It is unlawful to discriminate on the grounds of transsexual identity, i.e. against someone who intends to undergo, is undergoing, or has already undergone gender reassignment.

Do you identify yourself as transsexual according to the definition above?

- Yes No Prefer not to say

c) Which of the following statements best describes you?

- Bisexual Gay / Lesbian Heterosexual Prefer not to say

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6. Disability

A disabled person is defined in the Disability Discrimination Act as someone with a physical or mental impairment that has a substantial and long term adverse effect on their ability to carry out day to day activities. This includes progressive and long term conditions from the point of diagnosis such as HIV, Multiple Sclerosis or cancer. Long term means has lasted, or is expected to last for 12 months.

a) Having read the definition above, do you consider yourself to be disabled?

Yes

No

Prefer not to say

b) If you answered yes, can you please indicate the day to day activities affected by your disability. (Tick as many as applicable)

Eyesight

Manual Dexterity

Hearing

Physical coordination

Speech

Ability to learn or understand, or memory

Mobility

Ability to lift, carry or move everyday objects

Progressive condition

c) If you have answered yes to 6 (b) above, please state any special requirements you may have. If you wish, please state your disability here:

We will try to provide access, equipment or other practical support to people with disabilities.

Declaration

I understand that the information I have provided above will be recorded and processed by HR manually and/or electronically in accordance with the Data Protection Act 1998 and the data protection principles contained therein.

Name:

Signed:

Date:

Thank you for your co-operation

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