# MPA NXT Gen Scholars

# Equality and Diversity Monitoring Form

The MPA is keen on attracting diverse applicants for this programme. To ensure that we are doing this, we need your help and co-operation. By completing this form, you can help us to gather vital information but please note that filling in this form is voluntary.

The information provided by you will be kept confidential and will be used for monitoring purposes only.

If you have any questions about the form contact: **helen.choudhury@mpagroup.com**

Please return the completed form to **helen.choudhury@mpagroup.com**

**Sex and gender identity**

**What is your sex?**

Female  Male  Prefer not to say 

**Is the gender you identify with the same as your sex registered at birth?**

Yes ☐    No ☐  Prefer not to say ☐

If the gender you identify with is not the same as your sex registered at birth, please write in:

**Age** 16-24 25-29  30-34  35-39 40-44  45-49  50-54 55-59  60-64  65+  Prefer not to say 

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***Asian or Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say 

Any other Asian background, please write in:

***Black, African, Caribbean or Black British***

African  Caribbean  Prefer not to say 

Any other Black, African or Caribbean background, please write in:

***Mixed or Multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian  Prefer not to say  Any other Mixed or Multiple ethnic background, please write in:

***White***

English  Welsh  Scottish  Northern Irish  Irish 

British  Gypsy or Irish Traveller  Prefer not to say 

Any other White background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say 

What is the effect or impact of your disability or health condition on your work? Please write in here:

The information in this form is for monitoring purposes only.

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual  Asexual  Pansexual  Undecided  Prefer not to say 

If you prefer to use your own identity, please write in:

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish 

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**If you are currently working or studying, what is your working or studying pattern?**

Full-time  Part-time  Prefer not to say 

**Do you have caring responsibilities? If yes, please tick all that apply**

None 

Primary carer of a child/children (under 18) 

Primary carer of disabled child/children 

Primary carer of disabled adult (18 and over) 

Primary carer of older person 

Secondary carer (another person carries out the main caring role) 

Prefer not to say 