****

**London Legacy Development Corporation**

**Equal Opportunities Monitoring Form**

While Frame Projects manages the Community Review Panel, the contract for the role of panel member will be with LLDC. We are committed to the promotion of diversity and equal opportunity in our employment policies, practices and procedures.

To ensure that our equality and inclusion policy is operating effectively, and to identify groups that may be underrepresented or disadvantaged in our organisation, we monitor applicants' ethnic group, gender, disability, sexual orientation, religion and age as part of the recruitment procedure.

We would encourage you to complete this form. The information you provide will be treated in the strictest confidence and will be used only for statistical monitoring.

**Gender**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you: | Male | Female | Non-binary | Prefer not to say |
| If you prefer to use your own term, please specify here: | | | | |

**Age**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 18 – 24 | 25 – 34 | 35 – 44 | 45 – 54 | 55 – 64 | 65+ | Prefer not to say |

**Is your gender identity the same as the gender you were assigned at birth?**

|  |  |  |
| --- | --- | --- |
| Yes | No | Prefer not to say |

**Ethnic Group**

Which groups do you identify with? Where appropriate, please tick ONE box.

These groups are based on the 2021 census.

|  |  |
| --- | --- |
| **Asian / Asian British** | |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background (specify if you wish) |  |
| **Black / Black British / Caribbean or African** | |
| African |  |
| Caribbean |  |
| Any other Black, Black British, or Caribbean background (specify if you wish) |  |

|  |  |
| --- | --- |
| **Mixed or multiple ethnic groups** | |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| Any other Mixed or multiple ethnic background (specify if you wish) |  |
| **White** | |
| English, Welsh, Scottish, Northern Irish or British |  |
| Gypsy or Irish Traveller |  |
| Irish |  |
| Roma |  |
| Any other White background (specify if you wish) |  |
| **Other ethnic group** | |
| Arab |  |
| Any other ethnic group (specify if you wish) |  |
| Prefer not to say |  |

**Sexual Orientation**

|  |  |  |  |
| --- | --- | --- | --- |
| Lesbian or gay | Bisexual | Heterosexual | Prefer not to say |
| If you prefer to use your own term, please specify here: | | | |

**Religion/Belief (these categories are based on the 2011 census)**

|  |  |
| --- | --- |
| Please state your religion and/or belief: | |
| None |  |
| Christian-including Church of England, Catholic, Protestant and all other Christian denominations |  |
| Buddhist |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| Sikh |  |
| Spiritualist |  |
| Any other, please state: |  |
| Prefer not to Say |  |

**Disability**

The Equality Act 2010 defines a disability as a physical or mental impairment, which has an

adverse effect on your ability to carry out normal day to day activities. Please be aware that

certain conditions are also classified as a disability but do not necessarily affect your day-to-

day work, such as dyslexia, dyspraxia, diabetes, Crohn’s disease, depression, epilepsy etc.

The information in this form is for monitoring purposes only. If you believe you need a

reasonable adjustment, then please let us know.

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability or health condition? | Yes | No |

**Carer Responsibilities**

Carers are defined as employees with significant caring responsibilities that could have an

impact on their working life. If the person has physical or mental health issues, a learning

disability, is a substance misuser, or is vulnerable or frail and you provide care with their

day-to-day living you are considered a carer.

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

|  |  |
| --- | --- |
| None |  |
| Primary carer of a child / children (under 18) |  |
| Primary carer of a child / children with a disability |  |
| Primary carer of an adult with a disability (over 18) |  |
| Primary carer of an elderly person |  |
| Secondary carer (another person carries out the main caring role) |  |
| Prefer not to say |  |

**Local Residency**

LLDC are committed to providing opportunities to local residents. Please indicate below

if you currently live in any of the local boroughs.

|  |  |
| --- | --- |
| Newham |  |
| Hackney |  |
| Tower Hamlets |  |
| Waltham Forest |  |
| Other London Borough |  |
| Outside of London |  |

**Home residence**

|  |  |
| --- | --- |
| I own my home |  |
| I rent my home from: Council |  |
| Housing association |  |
| Private landlord |  |

Thank you for completing this form.

Please email it along with your application form to:

**lldc@frame-projects.co.uk**