Why are we asking you for this information?

Merthyr Tydfil Housing Association (MTHA) is committed to recruiting and retaining a workforce that reflects our diverse community. It is vital that we monitor and analyse diversity information so that we can ensure that we treat all staff and applicants fairly. Your cooperation enables us to make sure that we attract and retain a diverse workforce.

Any information on this form will be treated confidentially, in accordance with the General Data Protection Regulations and will be used for statistical purposes only (unless stated otherwise in the application form and advert). Whilst completion of this form is voluntary, MTHA appreciates your help and co-operation to enable it to meet its commitment to recruit a diverse workforce.

Please return the completed form along with your application form to recruitment@mtha.org.uk

**1. How would you describe your ethnic group?** (Please tick)

**White:**

[ ]  Welsh, English, Scottish, Northern Irish or British

[ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Roma

[ ]  Any other white background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mixed or multiple ethnic groups:**

[ ]  White and Black Caribbean

[ ]  White and Black African

[ ]  White and Asian

[ ]  Any other mixed or multiple background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Asian, Asian Welsh or Asian British:**

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Any other Asian background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  Caribbean

[ ]  African background, write in below

[ ]  Any other Black, Black British, or Caribbean background, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other ethnic group:**

[ ]  Arab

[ ]  Any other ethnic group, write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

**2. How would you describe your national identity?** (Please tick)

[ ]  British

[ ]  Welsh

[ ]  English

[ ]  Scottish

[ ]  Northern Irish

[ ]  Other, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

**3. What is your sex?**

[ ]  Female

[ ]  Male

[ ]  Other, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

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

[ ]  Yes

[ ]  No, please write in gender identity: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

**5. Which of the following best describes your sexual orientation?**

[ ]  Straight / Heterosexual

[ ]  Gay or Lesbian

[ ]  Bisexual

[ ]  Other sexual orientation, please write in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

**6. What is your age group?**

[ ]  15 or under [ ]  16 – 24 [ ]  25 - 34 [ ]  35 - 44 [ ]  45 - 54

[ ]  55 - 64 [ ]  65-74 [ ]  75+ years [ ]  Prefer not to say

**7. What is your legal marital or registered civil partnership status?**

[ ]  Never married and never registered a civil partnership

[ ]  Married

[ ]  In a registered civil partnership

[ ]  Separated, but still legally married

[ ]  Separated, but still legally in a registered civil partnership

[ ]  Divorced

[ ]  Formally in a civil partnership which is now legally dissolved

[ ]  Widowed

[ ]  Surviving partner from a registered civil partnership

[ ]  Prefer not to say

**8. How is your health in general?**

[ ]  Very good

[ ]  Good

[ ]  Fair

[ ]  Bad

[ ]  Very bad

[ ]  Prefer not to say

**9. Do you have any physical or mental health conditions, illnesses or impairments lasting or expected to last 12 months or more?**

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

**10. Do any of your conditions, illnesses or impairments reduce your ability to carry out day to day activities?**

[ ]  Yes, a lot

[ ]  Yes, a little

[ ]  Not at all

[ ]  Prefer not to say

**11. It helps us to know whether we are reaching all disabled people. If you ticked ‘Yes’ above please can you tick the relevant box(es) below. You are welcome to tick more than one box if appropriate.**

[ ]  Deafness or hearing impairment

[ ]  Blindness or vision impairment

[ ]  Physical disability/ impairment or mobility issues

[ ]  Learning disability

[ ]  Learning difficulty, such as dyslexia

[ ]  Mental health condition, such as depression or schizophrenia

[ ]  Social/communication impairment e.g Asperger's syndrome/other autistic spectrum disorder

[ ]  Long term health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy

[ ]  A disability, impairment or medical condition that is not listed above, please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

**12. Do you look after, or give any help or support to anyone because they have long term physical or mental health conditions, illnesses, impairments or problems related to old age?**

[ ]  No

[ ]  Yes, 9 hours a week or less

[ ]  Yes, 10-19 hours a week

[ ]  Yes, 20-34 hours a week

[ ]  Yes, 35-49 hours a week

[ ]  Yes, 50 or more hours a week

[ ]  Prefer not to say

**13. What is your religion?**

[ ]  No religion

[ ]  Christian (all denominations)

[ ]  Buddhist

[ ]  Hindu

[ ]  Jewish

[ ]  Muslim

[ ]  Sikh

[ ]  Any other religion please write in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

**14. Can you understand, speak, read or write Welsh? (tick all that apply)**

[ ]  Understand spoken Welsh

[ ]  Speak Welsh

[ ]  Read Welsh

[ ]  Write Welsh

[ ]  Or None of the above

[ ]  Prefer not to say

**15. What is your main language?**

[ ]  English

[ ]  Welsh

[ ]  Other, write in (including British Sign Language) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Prefer not to say

**16. How well can you speak English?**

[ ]  Very well

[ ]  Well

[ ]  Not Well

[ ]  Not at all

[ ]  Prefer not to say

**17. I do not wish to provide any of the information requested on this form** [ ]

**Thank you for completing the form**

If you require this form in another language or format or need assistance completing the form please contact recruitment@mtha.org.uk or call 01685 352800.