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](mailto: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](mailto:recruitment@mtha.org.uk) or call 01685 352800.