Self injury Support aims for equality of opportunity in recruitment. In the interests of monitoring our procedures, **we would be grateful if you could return this form to us with your application form.** The information given is separated from your application on receipt and will not affect the selection process.

**1. Race and Ethnicity**

Please indicate with a ‘Y’ the cultural background/ethnicity you identify with:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A) Asian or Asian British** | **B) Black or Black British** | **C) Chinese or other Ethnic Group** | **D) Dual Heritage** | **E) White** |
| Indian  | Caribbean  | Chinese  | White and Black Caribbean  | British  |
| Pakistani  | African  |  | White and Black African | Irish  |
| Bangladeshi  |  |  | White andAsian  | Irish / ScottishTraveller  |
|  |  |  |  | Eastern European  |
|  |  |  |  | Roma / Gypsy /Showperson  |
| Any otherAsian background Please state....................... | Any otherBlack background Please state……………….. | Anyother ethnic group Please state.........……… | Any otherdual heritage background Please state........................ | Any otherWhite background Please state................... |
| Prefer not to answer  |

**2. Gender**

I identify as ………………………………………………………

Prefer not to answer

**3. Age Group** (please tick):

18 – 25 26 - 39 40 – 50

51 – 64  65 or over

Prefer not to answer

**5. How would you define your sexual orientation**?…………………………………………………………

Prefer not to answer

**6. Disability** (please tick)

The definition of Disability under the **Equality Act 2010** is a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities.

Do you consider yourself disabled? Yes No

Prefer not to answer

**7. Faith:**

How would you describe your Religion and/or Belief? (Please tick):

Buddhist Muslim

Sikh Hindu

Jewish Christian

None Not sure

Other faith, religion or belief (please state) ………………………………….. ……………….

Prefer not to answer

**8. Have you personal experience of self-injury?**

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