DISCERNING ORDAINED VOCATION 1

Equality, diversity and inclusion
monitoring form D.2

The data gained from this form will be used to assist the Methodist Church to identify and address any trends or patterns which may have the potential to lead to disadvantage or discrimination. This data will also be used to establish and share best practise and to celebrate the rich diversity of Methodist people. How we process and use your data is outlined in our [Privacy notice (methodist.org.uk)](https://www.methodist.org.uk/privacy-notice/). Please contact the Data Protection Officer should you have any questions regarding how we process your data at dataprotection@methodistchurch.org.uk

All of the following questions are optional. If you prefer not to answer a particular question, please leave that question blank, or tick the ‘I prefer not to answer this question’ option where available.

We are grateful to you for any answers you choose to give.

Gender

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| Please describe your gender |
| Male  |  |
| Female  |  |
| Non-binary  |  |
| I prefer to describe my gender in another way. *Please state your preferred self-description of your gender*  |  |
| I prefer not to answer this question |  |

Age

|  |  |
| --- | --- |
| Year of birth |  |

Marital or registered civil partnership status

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| --- |
| Please describe your legal or registered civil partnership status |
| Never married and never registered a civil partnership |  |
| Married |  |
| In registered civil partnership |  |
| Separated but still legally married |  |
| Separated but still legally in a civil partnership |  |
| Divorced |  |
| Formerly in a civil partnership which is now legally dissolved  |  |
| Widowed |  |
| Surviving partner from a registered civil partnership |  |
| I prefer not to answer this question  |  |

Disability and impairment

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| The Equality Act 2010 defines a disability as, ‘A physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities’.An effect is long-term if it has lasted, or is likely to last, over 12 months. |
| Do you consider that you have a disability under the Equality Act definition? | Yes |  |
| No |  |
| If you have answered ‘Yes’, please select the categories from the list below that best describes your disability/disabilities/impairments: | Physical impairment (such as: deaf, partially deaf or hard of hearing; blind or fractional/partial sight). |  |
| Mental health  |  |
| Learning disability and/or difficulty  |  |
| Long-term medical condition or illness (including anything for which you take a regular prescribed medication or need regular medical treatment; e.g. diabetes, cancer, epilepsy, asthma, etc.)  |  |
| Do not wish to declare  |  |
| Another disability*Please specify* |  |

Nationality

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| How would you describe your national identity? |
| English |  |
| Welsh |  |
| Scottish |  |
| Northern Irish |  |
| British |  |
| I would prefer to state an alternative national identity not stated above. Optionally, please describe your national identity here |  |

Ethnicity

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| Individuals are asked to determine which of the following categories they most closely associate themselves with, having regard to their ethnic or cultural background.Ethnicity categories are based on the Office of National Statistics (ONS) recommendations 2021.Please indicate how you describe yourself: |
| Asian/Asian British | Other Ethnic Group | Black/Black British/Caribbean or African | Mixed/Multiple Ethnic Groups | White/White British |
| Bangladeshi |  | Arab |  | African  |  | White & Asian |  | White English, Welsh, Scottish, Northern Irish or British |  |
| Indian  |  |  |  | Caribbean |  | White & Black African  |  | Irish |  |
| Pakistani    |  |  |  |  |  | White & Black Caribbean |  | Gypsy or Irish Traveller |  |
| Chinese |  |  |  |  |  |  |  | Roma |  |
| Any other Asian background, please describe: | Any other ethnic group; please describe: | Any other Black/African/Caribbean background; please describe: | Any other Mixed/ Multiple ethnic background; please describe: | Any other White background; please describe:  |
|  |  |  |  |  |
| The category in which I would closely associate myself is not given above.Optionally, how you would describe yourself:  |  |

Sexual orientation

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| Which of the following best describes your sexual orientation? |
| Bisexual  |  |
| Gay or Lesbian  |  |
| Heterosexual/Straight  |  |
| Another sexual orientationIf you have selected this option, you can choose to self-describe your sexual orientation here. |  |
| I prefer not to answer this question  |  |
| Is the gender you identify with the same as your sex registered at birth? | Yes |  |
| No |  |
| I prefer not to say |  |

Date of completion of this form

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| --- |
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